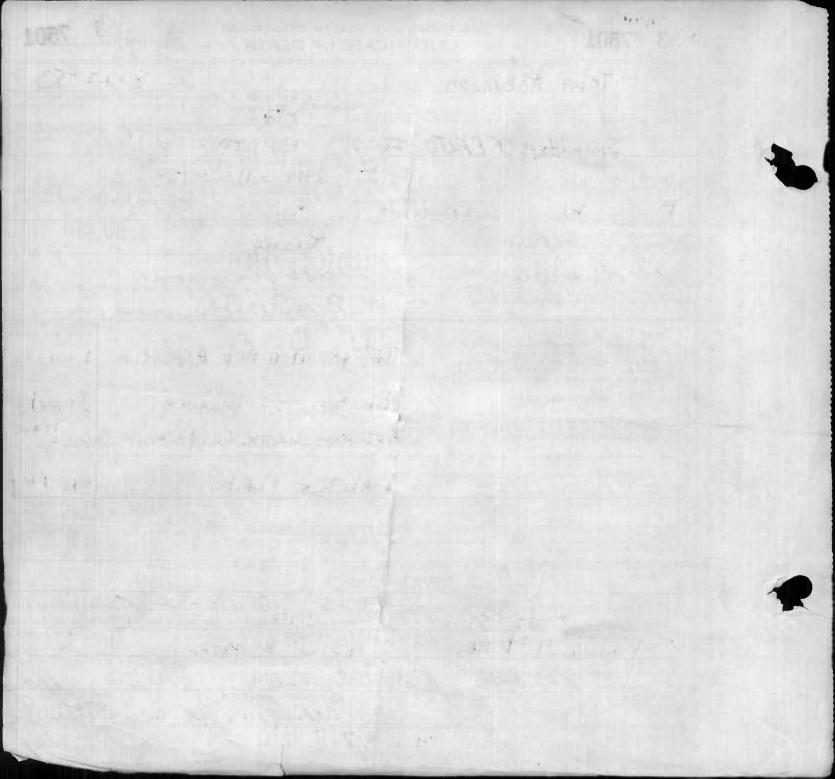
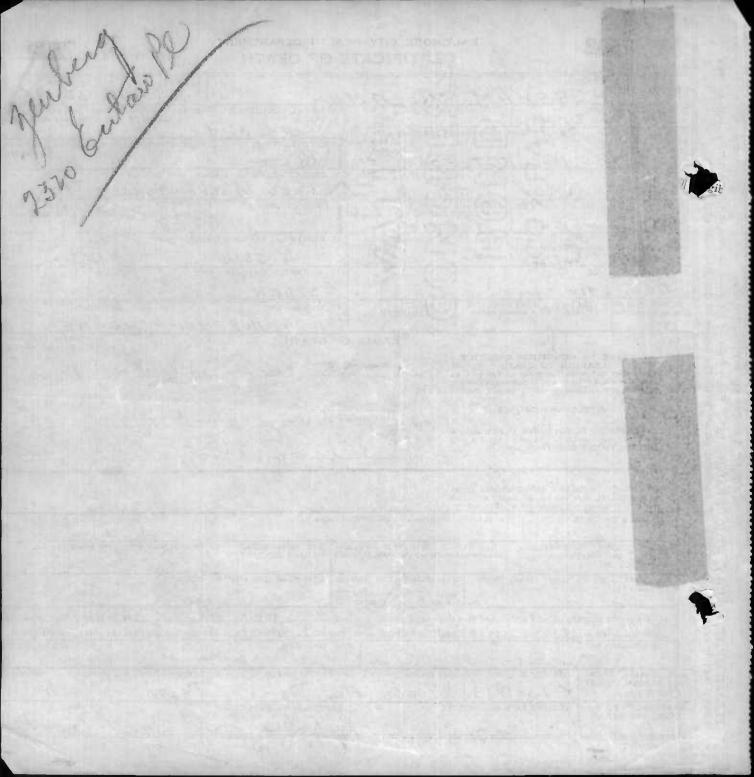
	53 7501 BALTIMORE CITY HE			53	7501						
	1. NAME OF DECEASED (Type or Print) TOBA ROBINSON	L OF BEAT	2. DATE OF DEAT	X-50	L-53						
	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. STATE	NCE (Where decease		ution : residence before admission						
	B. FULL NAME OF (If not in hospital or institution, give street address or location)  INSTITUTION  Sinailor. OF BALTO., Fnc.		(If outside cor	porate limits, write	te RURAL and giv township						
and legibly	c. Length of stay in Baltimore  Yrs.  Mos.  Bays	o. STREET ADDRI	SS (If rural, give	location)							
- 11	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH			Yest If Under 24 Hour Days Hours Min						
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Jo	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	13 INFORMANT	Palm	ADDRE	iss 2						
the causes	18. 4 0 1 0 1 2 6 0 X CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart foilure arthuring at a live of the mode of dying.										
write	injury or complication which caused death.) OUE TO										
please	O DISEASES OR CONDITIONS, IF ANY, GIVING	taplyte I			2 weeks						
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Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	octes M	litus		MANY KAR						
	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF WAS PERFORMED		F OPERATION WAS CAUSE OF DEATH, PART I OR PART I	ENTER IN	20. AUTOPSY?						
important.	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office		RE DID (If in Balt CCUR?	more City, give	exact location)						
>	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MILE AT NOT WHI AT WORK AT WORK	LE	DID INJURY OCC	UR?							
especiall	22. I hereby certify that I attended the deceased from 1-deceased alive on 8-22, 1953, and that death occu	25- 195 rred at 8: 45 Am	from the causes	, 1953, the	at I last saw th						
18		23B. ADDRESS	SPITAL		- ZZ-43						
ct age	249. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETE TURN, REMOVAL (Specify) 8-23-43 DARL	COLE.	240. LOCATION	City, town, or co	unty) (State						
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE	TOP LOS	ECTOR A.	3(00)	Tan Pl						
	VS 150	7 5 0 2									



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLA (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully township) UCHEN Yrs. D. STREET ADDRESS (If rural, give location) Mos. 3700 AUCHENTOROLY c. Length of stay in Baltimore ld be 6. COLOR OR RACE If Under 1 Year If Under 24 Hours 5. SEX 7. SINGLE, MARRIED 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours! Min. pluods MARRIED 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 1. S. A. information ESTATE 5519 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME DENJAMIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or nuknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nuknown) SECURITY NO SAME causes INTERVAL BETWEEN 18. 2011 CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. please DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUF TO UNFADING Physicians: p ERTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL important. YES (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ps WHILE AT NOT WHILE! AT WORK 194/to 1/22 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from. espe WRITE ge is espe , 1953, and that death occurred at F. M. from the causes and on the date stated above. deceased alive on 1/22 23A. SIGNATURE 23c. DATE SIGNED En Man 3 age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE correct BURIAL INUSOR DATE RECEIVED BY 25, FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



PLEASE

LOCAL REGISTRAR HUU & J VS 150

(If rural, give location) CIA 9. AGE (In years) H Under 1 Year If Under 24 Hours last birthday) Months Days Hours Min. EE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? **ADDRESS** INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSYT CAUSE OF DEATH, ENTER IN 21F. HOW DID INJURY OCCUR? . 19 33 that I last saw the m., from the causes and on the date stated above. 24D. LOCATION (City, town, or county) ADDRESS PORECTOR

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	PLEASE	orrect a

	BIRTH NO.	RTIFICATE	OF DEATH	Registered No.—	7004
	1. NAME OF DECEASED GENEVIEVE	M. SCH	HAFFER	2. DATE OF DEATH AUG, 2	0.1953.
	a. Baltimore City, Maryland 6315, GRU	JNAY ST.	4. USUAL RESIDENCE (W	here deceased lived. If institu	tion: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, given HOSPITAL OR INSTITUTION	location)	001-	outside corporate limits, writ	e RURAL and give township)
bly.	1	IFE Yrs.	D. STREET ADDRESS (If a	ural, give location)	
legibl	c. Length of stay in Baltimore	Mos. Days	6315	GRUNDY	5T.
and	FEMALE WHITE MARK	RRIED.	MAY 23.1910	9. AGE (In years If Under last birthday) Months I	Year If Under 24 Hours Days Hours Min.
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of wurking life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		ITIZEN OF
cle	HOUSE WORK AT HO	OME	BALTIMOR	E, MDIL	1, S.A.
death	JOHN L. WISER		FRIEDA	C	
of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. S	SOCIAL	17. INFORMANT	GERZEL	SS
	NO NO	SECURITY NO.	WALTER F.	SCHAFFER	SAME
causes	18. 1714	CAUSE C	OF DEATH		NTERVAL BETWEEN
the	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	PAN	CER OF CERU	X UTEMUS	2 hVrs
write	heart failure, asthenia, etc. It means the disease,	UE TO			
W 9	ANTECEDENT CAUSES				
Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)			
d ::	UNDERLYING CONDITION LAST.	(C)			
ians	OTHER SIGNIFICANT CONDITIONS CON-				
ysic	OTHER SIGNIFICANT CONDITIONS CON-				
집	TO THE DISEASE OR CONDITION CAUSING IT.	INGS OF OPERA	ATION	The second second second	20. AUTOPSY?
int.	OAL				YES NO
'mportant.	21A. ACCIDENT WAS UNDER- 218. PLACE OF	F INJURY (e. g., in tory, street, office bldg., et		f in Baltimore City, give ex	kact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. II OF INJURY WHILE A WORK				
especially	22. I hereby certify that I attended the decea	sed from 14A	DR1403, 1050, to A	06.20 , 1953, tha	t I last saw the
- 1	deceased alive on AV 6. VO 1953, and t		red at m., from the	re causes and on the da	te stated above.
e is	( Genjamin Marales	7 M.D. /	21 S. HILAHAM.	PAUE 8	122/53
t age	TION, REMOVAL (Specify)			HORNER'S LANE	
correct	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	K HILL	CEM. 1360		
co	AUG 2310 Huntingtons Vall	811 2 27	& Karles S. S.	ules 901 5. C	ON KLINGS
	Vs 150		()	UALT	0,24,40.
- 11					

BALTIMORE CITY HEALTH DEPARTMENT

53
Registered No.

7504

A. Hydridae

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

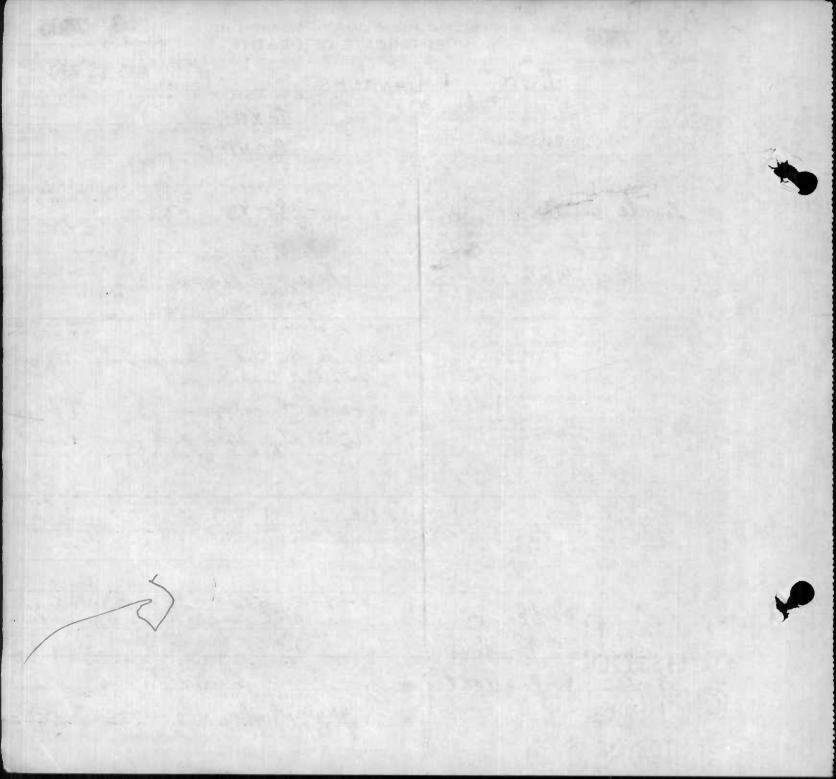
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-		TO DEGE	BALTIMORE CITY HI	EALTH DEPARTMENT	53	7505
The		53 7505	CERTIFICAT	E OF DEATH	Registered No.	
	1.	NAME OF DECEASED Tola	SANDE	ens.	2. DATE AUG 2	2 1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	urg. 3	4. USUAL RESIDENCE (V		itution: residence before admission)
illy	H	OSPITAL OR ASTITUTION JOHNS HOPKINS	location)		f outside corporate limits, w	rite RURAL and give township)
carefully legibly.	2	Length of stay in Baltimore	// Asset Mos.	D. STREET ADDRESS (If	rural, give location)	
ld be		SEX 6. COLOR OR RACE   7.	Days SINGLE, MALRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years   Months   Months	
	Joi	k done during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)   12	CITIZEN OF WHAT COUNTRY?
IDING information of death cl	13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
BINDING of informaces of de	18 (Ye	5. MS DECEASED EVER IN U. S. ARMED FOR (If yos, give war or dates of set	CES7 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
	-	18. 2 14.1	CALISE	JOHNS HOPKIN	S HOSPITAT	INTERVAL BETWEEN
ED FOR Formite the cau		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means the injury or complication which caused	ng. e. g., (A) handt	izale cerebral	and myreadil	ONSET AND DEATH
K. E. E.	7	ANTECEDENT CAUSES	(B)	evere thrombon	enie	7 dans
IN RESE NG INK. is: please	CATIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.		inte Lymphat	ie Lenkemia	4 months
MARGIN UNFADINO Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT				
EG .	AL CI	19a. DATE OF OPERATION 19B. (WAS I	CONDITION FOR WHICH OF	A CAUSE C	TION WAS RELATED TO DE DEATH, ENTER IN OR PART II	20. AUTOPSY?
LY, WITH	EDIC	21A. CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY ( about home, farm, factory, street, office	e. g., ia or 21c. WHERE DID	(If in Baitimore City, giv	e exact iocation)
7.	Σ	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURRI WHILE AT NOT WHI WORK AT WOR	LE	JURY OCCUR?	
		22. I hereby certify that I attended deceased alive on \$ - 22-, 19	ed the deceased from 8-	- 14 - 1953 to 8	-22-,1953	hat I last saw the
RITE is esp		23A. SIGNATURE . C. S.			INIC HOSPITAL   2	3c. DATE SIGNED

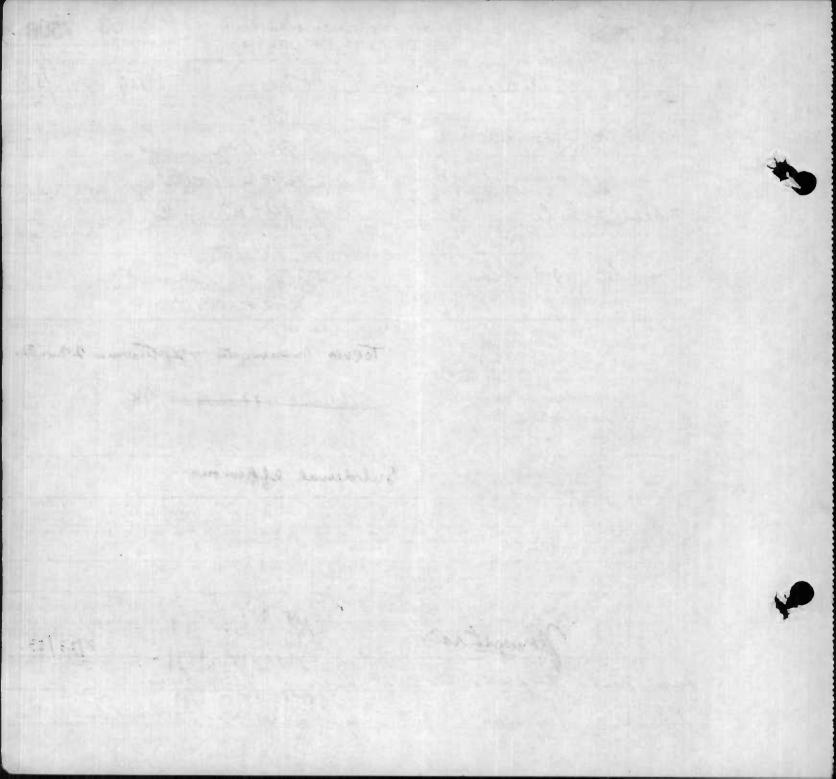
M. D.

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

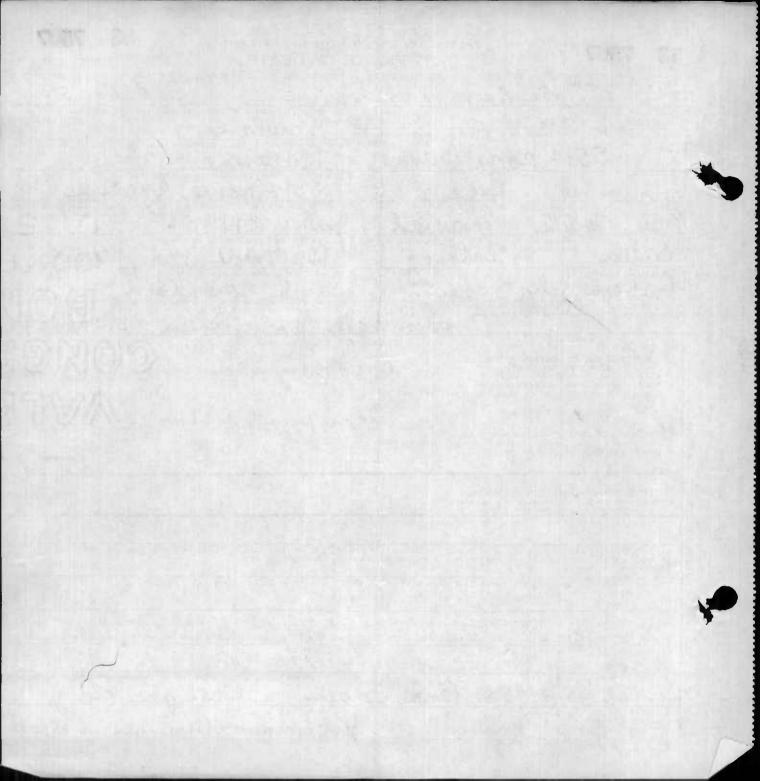
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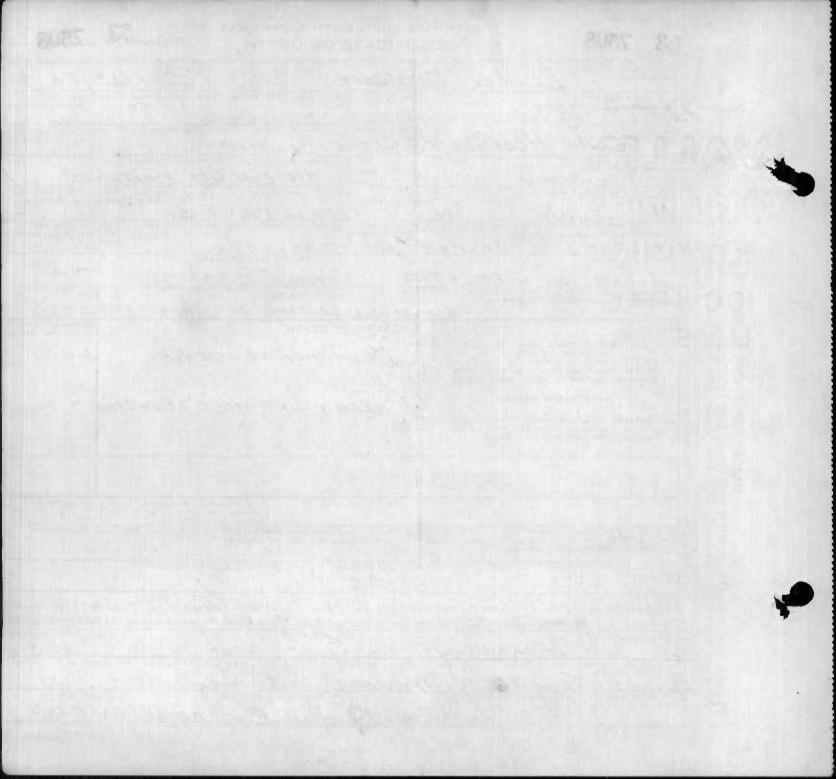
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ВІ	IRTH NO. 160 Kess.	CERTIFICATE	OF DEATH	Registered N	0.
	NAME OF DECEASED Type or Print)	e millon B	Ita	2. DATE OF	23-1953
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	JOHNS HOPKINS HOSP	ITAL	C. CITY OR TOWN (If	outside corporate limit:	s, write RURAL and give township
9		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	
_	Length of stay in Baltimore / SEX   6. COLOR OF RACE   7. SING	Days	8. DATE OF BIRTH	9. AGE (In years)	Under 1 Year   If Under 24 Hour
9	male white wido	WED, DIVORCED (Specify)	4-14-57	last birthday) Mo	nths Days Hours Min
Orl	OA. USUAL OCCUPATION (filve kind of 10B. KIN k done during most of working life, even if retired)	D OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	melon Porllon	)	Clare	oknoor	
15 Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	JOHNS HOPKIN	NS HOSPITAL A	DDRESS
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	(This does not mean the mode of dying, e heart failure, asthonia, etc. It means the disc injury or complication which caused dea	ase,	3		
	ANTECEDENT CAUSES	e, i	dunal abbrea	AH.	
2	DISEASES OR CONDITIONS, IF ANY, GIV	ING (B)	"Same of fine		***************************************
A	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO (C)			
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77	OTHER SIGNIFICANT CONDITIONS CONTRIE TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	OTHE Subd	unal efficient	w-	
1		OITION FOR WHICH OPE	CAUSE O	ION WAS RELATED TO	20. AUTOPSY?
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WI ST. L.	DEATH (NOTIFY MEDICAL EXAMINER)				
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	22. I hereby certify that I attended th	G	5- 1953 to 8	- 23- 195	3that I last saw th
	deceased alive on 87, 23 -, 195	and that death occurr	ed at 7 as Am., from th		e date stated abov
	23A. SIGNATURE	M. D. 231	JOHNS HOPKINS	HOSPITAL	8723 S3
24	4A. BURIAL, CREMA- 245 DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETER	Y OR CREMATORY 24D. LC	CATION (City, town,	or county) (State)
Bn	world-Busen 8-26-53	Hamily Cen	nelen one	vaywing.	(1) Was
D			25. FUNERAL DIRECTOR	1	ADDRESS
	ATE RECEIVED BY REGISTRAR'S SIGNAT		25 FUNERAL DIRECTOR	Frank	Lin WVa



		53 7507		EALTH DEPARTMENT	53 Registered No.	7507
ed. The	B1	NAME OF DECEASED	aron Sch	7	2. DATE 8-22 OF DEATH	-53
ully supplied.	А.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or	institution, give street address o	4. USUAL RESIDENCE (W. ASTATE	here deceased lived. If instit B. COUNTY	before admission)
fully		STITUTION 5514 hor	ne appende	12actino	outside corporate limits, wri	te RURAL and give
ld be	-		Mos. Days SINULE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years if Under last birthday) Months;	
IDING information should of death clearly an		A. USUAL OCCUPATION (Give kind of 10 don during put of working life, even if retired)	B KIND OF BUSINESS OR INDUSTR		reign eountry) 12.0	CITIZEN OF
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R BINDING em of inform causes of dea	15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FO s, no or uuknown) (If yes, give war or Lates of s	216-09-3346	Mrs. Jennie Sc	hein - 5514	home lu
FOR y item		DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the	ring, e. g., (A) 60 8	or DEATH		1/2 hory
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. 5	CATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		-		•••••••••••
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LY, WITH	MEDI	LYING OR CONTRIBUTING ab CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Ho	21B. PLACE OF INJURY (e. g., out home, farm, factory, street, office bldg	INJURY OCCUR?		xaet location)
PI		22. I hereby certify that I attend	m. WHILE AT NOT WHILE AT WORK		22- 19-51 th	at I last saw the
RITE is espe		deceased alive on 8 - 22 , 1	9.53, and that death occi	urred at 745 c. m., from the	e causes and on the de	
PLEASE WRITE PI correct age is espe	2.4 TJ	AA BURIAL, CREMA- 247 DATE PREMOVAL (Specify) 8 24 5-	3 Prai Vs	TERY OR CREMATORY 240. LO	etinol M	ounty) (State)
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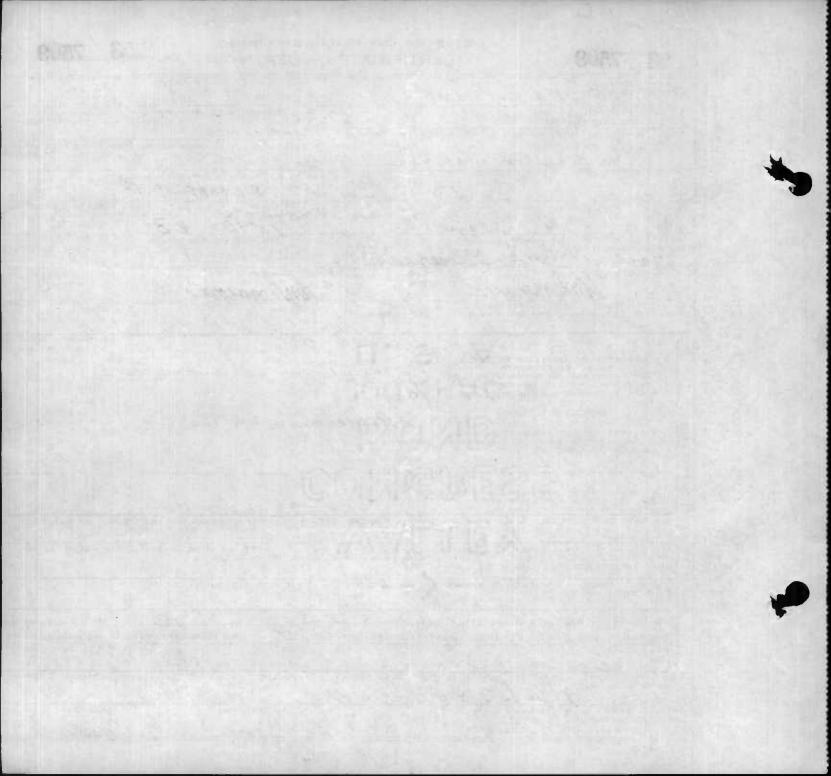


1	53 7	508			TIMORE CIT				Regis	tered No.	750
1.	NAME OF I	DECEASED	Lwo	000	STOR	EFER	. SR.		2. DATE OF DEATH	8/2:	2/53
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HO	FULL NAME DSPITAL OR ISTITUTION	1 .	Hospitalo	OITAL	on, give street add		TY OR TOWN		utside eorpor	ate limits, v	vrite RURA
4	Longth of	stay in Baltir	mono			Mos.	TIO R		ral, give ioc	ation)	noois
1	SEX	6. COLOR OR			MARRIED, ED, DIVORCED		TE OF BIRTH		9. AGE (in		ier I Year   If t
		CCUPATION (Gi		OB. KIND		JSTRY	IRTHPLACE (S		eign country)	) 12	CITIZEN WHAT C
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L CERTIFICATIO	héart fail injury or  DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE	es not mean the ure, asthenia, etc. complication.  ANTECEDENT THE ABOVE CAULYING CONDIT	e mode of de lt means which cause which cause IT CAUSES TIONS, IF A USE (A) STITION LAST.  ROTTON LAST.  ROTTON LAST.  ROTTON LAST.  ROTTON RELEVANTS IT A USE (A) STITION COUNTY IT A USE (A) STITION	the disease, sed death.  NY, GIVING THIS CONTRIBUTATED TO	(B)  (B)  (C)  (C)  (C)  (D)  (D)  (D)  (D)  (D	CH OPERAT	DAYMA	OHATA F OPERATI AUSE OF AUST I OF	ON WAS RE	LATEO TO ENTER IN	20. AUTO
AL CERTIFICATIO	héart fail injury or  DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE	es not mean the ure, asthenia, etc. complication.  ANTECEDENT THE ABOVE CAULYING CONDIT	e mode of de lt means which cause which cause to the late of the l	the disease, sed death.	DUE TO  (B)  (C)  (C)  (C)  (TING  THE	CH OPERAT	ION IF CP	OHATI OPERATI AUSE OF ART I OR	ON WAS RE	LATEO TO ENTER IN	20. AUTO
L CERTIFICATIO	héart fail injury or  DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE  21A. ACCIE OR CONTRI DEATH (NO	es not mean the ure, asthenia, etcreamplication.  ANTECEDENT SOR CONDIT THE ABOVE CALLYING CONDIT OF CONDITOR C	e mode of de lt means which cause which cause IT CAUSES TIONS, IF A USE (A) ST TION LAST.  ROTTON LA	NY, GIVING ATING THE  ONTRIBUTATION TO THE  ATEO TO	TING THE TON FOR WHI RMED  PLACE OF INJ Dome, farm, factory, str	CH OPERAT  URY (e. g., in eet,office bldg., etc	ION IF CP	OPERATI AUSE OF ART I OR E DID (I	ON WAS RE DEATH. E PART III	LATEO TO ENTER IN ore City, gi	20. AUTO
EDICAL CERTIFICATIO	DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE  21A. ACCIE OR CONTRI DEATH (NO  21D. TIME OF INJURY	es not mean the ure, asthenia, etcrements, etcrements on condition.  ANTECEDENT ES OR CONDIT THE ABOVE CALLYING CONDIT OR CONDITOR CONDITO	e mode of de lt means which cause which cause which cause the caus	NY, GIVING ATING THE  ONTRIBU  ATEO TO  F.  CONDIT S PERFOR  GOUT) 2  no.  dedd the condense of the condense o	TING THE TON FOR WHI RMED  PLACE OF INJ Dome, farm, factory, str	CH OPERAT  URY (e. g., in ect, office bldg., etc	ION IF INJURY OF 21F. HOW I	OPERATION ART I OR EDID (I	ON WAS REDEATH, EN PART III	LATEO TO ENTER IN DIE City, gi	20. AUTO YES Ve exact local that I lass
MEDICAL CERTIFICATIO	DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE  21A. ACCIE OR CONTRI DEATH (NO 21D. TIME OF INJURY  22. I here deceased ( 23A. SIGNA	es not mean the ure, asthenia, etcrementation.  ANTECEDENT ANTECEDENT THE ABOVE CAULYING CONDITIONS OF OPERATION OF OPERATION (Month) (Day)  by certify the alive of the alive of the alive of the articles.	e mode of de lt means which cause which cause which cause the caus	NY, GIVING THE CONTRIBUTION THE CONTRIBUTION THE CONDITE OF CONDITE OF CONDITE OF CONTRIBUTION C	TING THE TON FOR WHI RMED  PLACE OF INJ Ome, farm, factory, str  1E. INJURY OC WHILE AT WORK  deceased from and that death	CH OPERAT  URY (e. g., in ect, office bldg., etc  CURRED  NOT WHILE  AT WORK  1 occurred a	or 21c. WHER INJURY OC 21f. HOW I	OPERATION OF DID INJU	ON WAS REDEATH. EN PART III II IN BALTIMO	LATEO TO ENTER IN DIE City, gi	that I last date state 23c, DATE
MEDICAL CERTIFICATIO	DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE  21A. ACCIE OR CONTRI DEATH (NO  21D. TIME OF INJURY  22. I here deceased to	es not mean the ure, asthenia, etcrementation.  ANTECEDENT ANTECEDENT THE ABOVE CAULYING CONDITIONS OF OPERATION OF OPERATION (Month) (Day)  by certify the alive of the alive of the alive of the articles.	e mode of de lt means which cause which cause which cause the caus	NY, GIVING THE CONTRIBUTION THE CONTRIBUTION THE CONDITE OF CONDITE OF CONDITE OF CONTRIBUTION C	TING THE TON FOR WHI RMED  PLACE OF INJ Dome, farm, factory, str	CH OPERAT  URY (e. g., in ect, office bldg., etc  CURRED  NOT WHILE  AT WORK  1 occurred a	or 21c. WHER INJURY OC 21f. HOW I	OPERATION OF DID INJU	ON WAS REDEATH. EN PART III II IN Baltimo	LATEO TO ENTER IN DIE City, gi	that I last date state 23c, DATE
MEDICAL CERTIFICATIO	DISEASE RISE TO UNDERL  OTHER SI TO THE OISEASE 19A. DATE  21A. ACCIE OR CONTRI DEATH (NO 21D. TIME OF INJURY  22. I here deceased ( 23A. SIGNA	ES NOT mean the ure, asthenia, etc. complication.  ANTECEDENT  ES OR CONDIT  THE ABOVE CAU  YING CONDIT  GNIFICANT CON  DEATH BUT  OF OPERATION  OF OPERATIO	e mode of de le lt means which cause which cause IT CAUSES TIONS, IF A USE (A) ST TION LAST.  RDITIONS CO TO TELL TO THE WAS TO THE LAUSE OF EXAMINER)  (1) (Year) (Heat I attempt to the latter of th	NY, GIVING THE CONTRIBUTION THE CONTRIBUTION THE CONDITE OF CONDITE OF CONDITE OF CONTRIBUTION C	TING THE TON FOR WHI RMED  TENSITY OC WHILE AT WORK  AC. NAME OF C.  TON TOR WHILE  TON FOR WHIL	CH OPERAT  URY (e. g., in ect. office bldg., etc.  CURRED  NOT WHILE  AT WORK  2 3 B M  OCCULTED  EMETERY OR	or 21c. WHER INJURY OC 21f. HOW I	OPERATION AUSE DID INJU	ON WAS REDEATH. EN PART III II IN BALTIMO	LATEO TO ENTER IN ore City, gi	that I last date state 23c, DATE



	1	-200				
d. The	BI		MORE CITY HEALTH		Registered Ro.	7509
		NAME OF DECEASED  ype or Print)  Eugene La	ike		2. DATE OF DEATH 8/2	23/53
ıpplie	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. US			titution : residence before admission)
lly su	H	FULL NAME OF (If not in hospital or institution, DSPITAL OR ISTITUTION	location) c. CI	Marycand TY OR TOWN (110 Baltimor)	utside corporate limit w	vrite RURAL and give
arefu gibly.	3	ONIVERSITY HOSP	Yrs. D. ST	REET ADDRESS (If ru	ral, give location)	0
should be carefully supplied.		Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SINGLE. M. WOOWED	Days		9. AGE (In years of Und last birthday) Month	er l Year   If Under 24 Hours es; Days   Hours : Min.
on should	10	IA. USUAL OCCUPATION (Givekindel) 10B. KIND of a done during mont of working life, ever at retired	200	1890	63	. CITIZEN OF
	2	Procery Clerk Struce	erystore.	VIRGINIAL OTHER'S MAIDEN NAI	ME /	US A
IDING information of death cl	1 10	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   1		Internovon	6. · · · ·	
BINDING of inform uses of dea	(Ye	s, no or unknown) (If yes, give war or dates of service)	SECURITY NO. 17. IN	J. Summe	107 Scott	RESS
OR tem		18. 140X 1 DISEASE OR CONDITION DIRECTLY	CAUSE OF DE			INTERVAL BETWEEN
日かり		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Melasla	he carus	vonualosis	
R	7	ANTECEDENT CAUSES	Capceno	sua of The	E GIP	5 years
G INK.	ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO			
MARGIN UNFADING Physicians:	FIC	11-	(C)	•••••••••••••••••••••••••••••••••••••••	***************************************	
MA UNF	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TO DISEASE OR CONDITION CAUSING IT.		nac UREN	nea	
H	SAL	19a. DATE OF OPERATION   19B. CONDITION WAS PERFORM	N FOR WHICH OPERATION		ON WAS RELATED TO DEATH, ENTER IN PART II	20. AUTOPSY?
	EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PL OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	_ACE OF INJURY (e. g., in or e, farm, factory, street, office bldg., etc.)	21c. WHERE DID (I	f In Baltimore City, give	ve exact location)
An	2	OF INJURY WH	INJURY OCCURRED	21F, HOW DID INJU	RY OCCUR?	
WRITE PLA ge is especiall		22. I hereby certify that I attended the dec	casca ji one	3 , 19 , to 8		hat I last saw th
RITE is es		deceased alive on 8/23/53, 19, and	d that death occurred at		causes and on the	date stated above 23c. DATE SIGNED 8/23/53
SE W	2. Th	4A. BURIAL, CREMA- 24B. DATE 24C. N. REMOVAL (Specify)	M. D.	REMATORY 240. LO	CATION (City, town, or	
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE	135. F	INERAL BIRECTOR	Mangue.	poress (
4	=	VS 150	2 ch	1 Downe	don garxiae	MILL OF

3.90 6A



WHILE AT

WORK

PLAINLY. especially RITE 50 M age PLEASE correct

ADDRESS ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH. ENTER IN NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE AT WORK 1953, that I last saw the 22. I hereby certify that I attended the deceased from. 1953, and that death occurred at 431 m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY 5. FUNERAL DIRECTOR

before admission)

If Onder 24 Hours

WHAT COUNTRY?

12. CITIZEN OF

21D. TIME (Month) (Day) (Year) (Hour)

248, DATE

REGISTRAR'S SIGNATURE

OF INJURY

deceased alive on. 23A. SIGNATURE

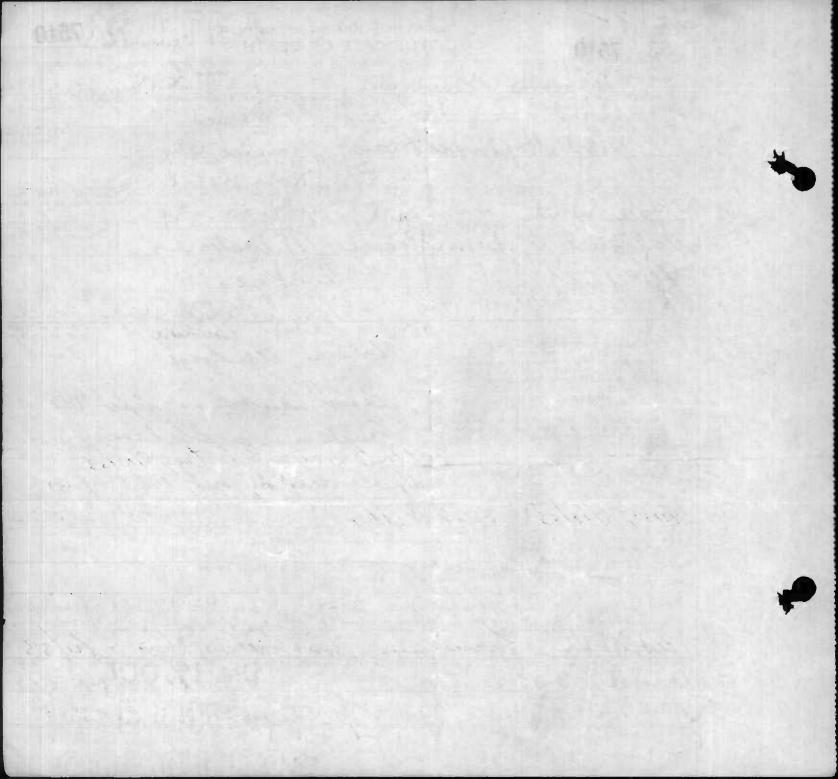
BURIAL, CREMA-

ON, REMOVAL (Specify)

1000 DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

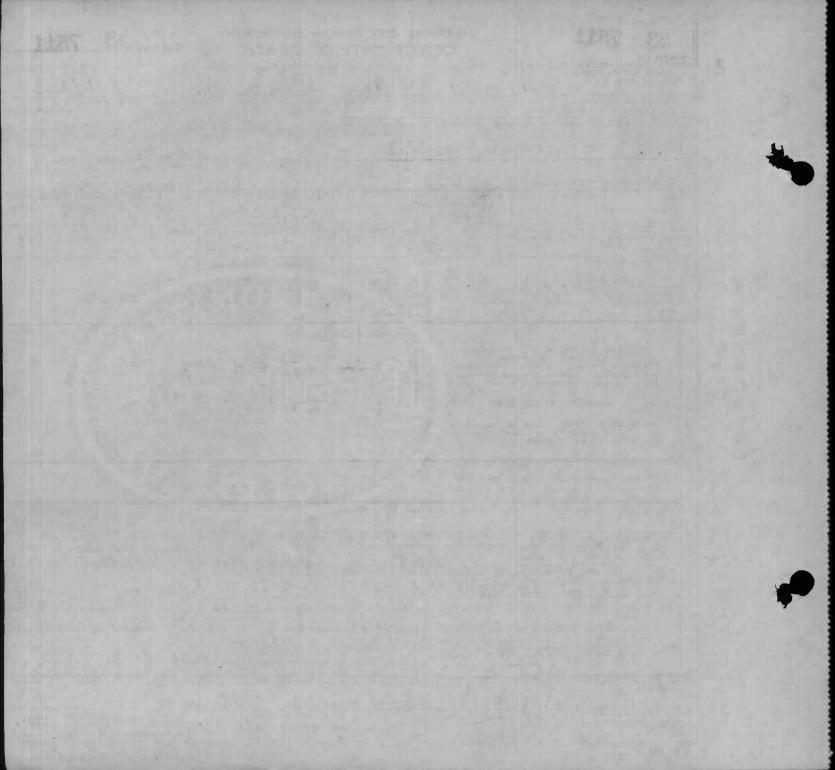


## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	1 Otter	CER	RTIFICATI	E OF DEATH	Registered	Nb. /DILL
1. NAME OF (Type or Print	$W_{i}$	MER	M.	JONES	JR. DEATH 8	/21/53
A. Baltimore	City, Maryland			A. STATE	E (Where deceased lived, I B. COUNTY	f institution : residence before admission
B. FULL NAM	3	al or institution, give	street address or location)	c. CITY OR TOWN	yland	its, write KURAL and giv
DO. A.	Baltimore	City Hosp	ital		ltimore 2	5-0 tewashir
c. Length of	stay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS	(If rural, give location)	Court
5. SEX	6.COLOR OR RACE	7. SINGLE, MARI WIDOWED, DIV Married	RIED. VORCED (Specify)	B. DATE OF BIRTH Aug. 5, 1922	9. AGE (In years	If Under 1 Year Ionths Days Hours Min
10A. USUAL Cork done during me Sale	OCCUPATION (Give kind of stof working life, even if retired)	108. KIND OF BU Bakery	USINESS OR INDUSTRY	11. BIRTHPLACE (State Baltimore		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDE	NAME	
Wi	lmer M. Jone	s Sr.			Rose Staab	
Yes, no or unknow	ASED EVER IN U.S. ARMEI (If yee, give war or date World Wa	r#2 213	ocial ecurity No. -14-4497		1 Herndon Co Ruth Jones	a wartss
O RISE TO UNDER	ANTECEDENT CAUS  SES OR CONDITIONS, IN THE ABOVE CAUSE (A) SELYING CONDITION LA	F ANY, GIVING STATING THE DI	(B) UE TO (C)	CHES	T	
M TO THE	NG TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED	***************************************			
_	OF OPERATION 1	98. MAJOR FINDI	NGS OF OPER			20. AUTOPSY?
UTING [	RNAL CAUSE WAS ING A CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	ebout home, farm, facto	ET JURY OCCURRI	BRENT W	URY OCCUR?	give exact location)
the e	tify that I took char evidence obtained by death in my opinion	said Autopsy, I	nspection or 1		ISPECTION  Day, Inspection or Inquiry  d deceased died on the	the day stated abov
23A. SIGN	ATURE 1286	- usher	/ M	238. CHIEF MEDIC ASSISTANT MEDIC D. MEDICAL INVESTI	AL EXAMINER 2	8 22 53
24A. BURIAL TION, REMOVAL Buri			imore Na		Baltimore Md	
DATE RECEIVLOCAL REGI	ED BY   REGISTRAR	S SIGNATURE	Al and	25. FUNERAL DIRECTO		- ADDRESS

VS 151 N862.2

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53	7512	)

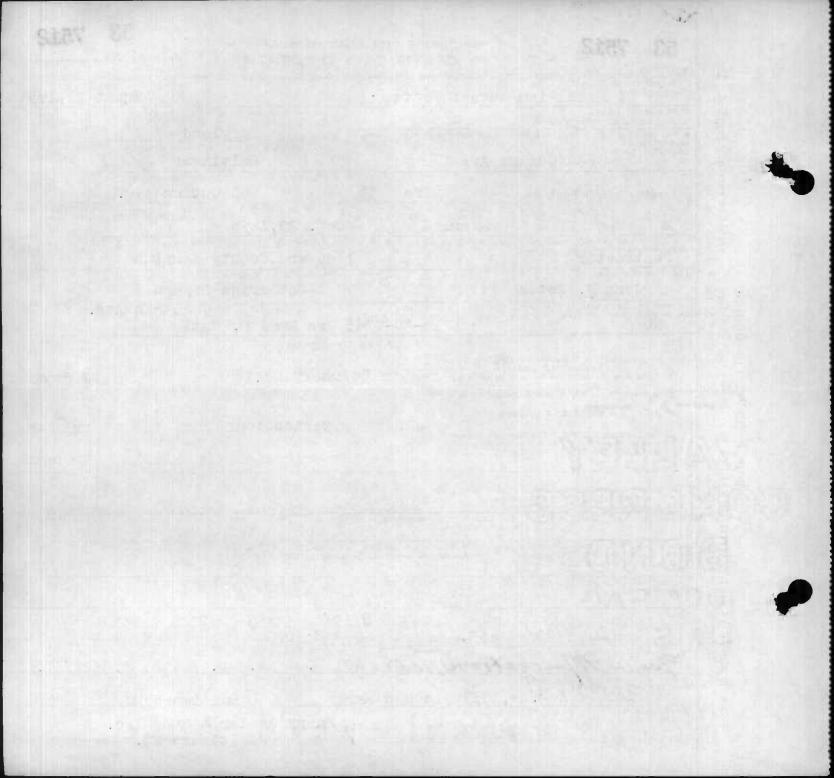
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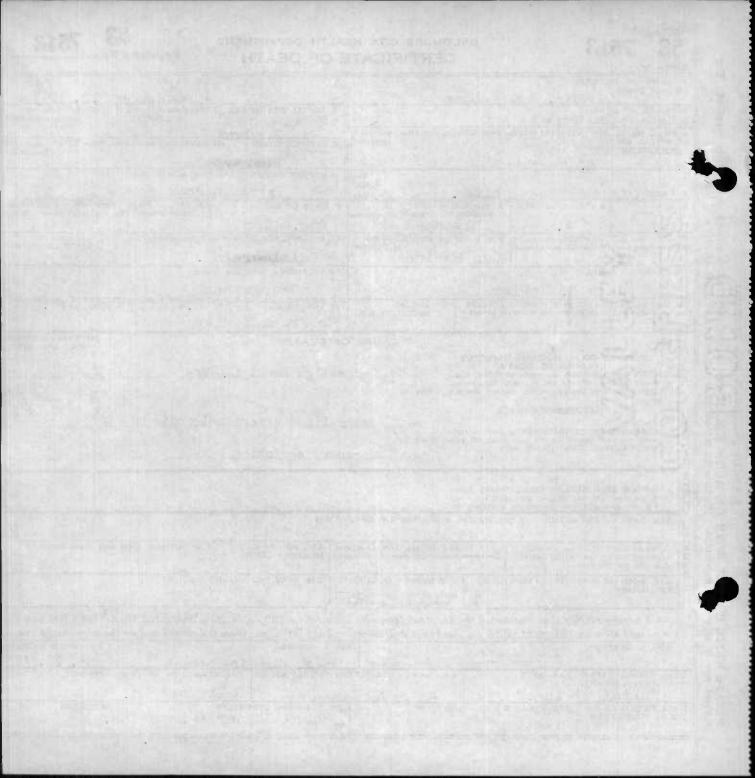
## BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	1.4		CERTIFICAT	E OF DEA	ATH Registered N	No
I. NAME OF DEC (Type or Print)	EASED William	Augus	t Potts		2. DATE OF AUGU	st 21,1953
3. PLACE OF DEA	TH: y, Maryland			A. STATE	SIDENCE (Where deceased lived, If	
B. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospite		ion, give street address o location	c. CITY OR TO	Maryland OWN (If outside corporate limit Baltimore	s, write bulkAL and give
c. Length of stay	y in Baltimore		Life Mos.		DRESS (If rural, give location) 660 Gutman Ave.	
5. SEX 6.	COLOR OR RACE	WIDOW	E, MARRIED. PED, DIYORCED (Specify P10d	Oct. 23	last hirthday) Mo	under 1 Year     Under 24 Hours   nths Days   Hours   Min.
10A. USUAL OCCU work done during most of we Contract	prking life, even if retired)	10B. KINE	OF BUSINESS OR INDUSTR	11. BIRTHPLAC	County Maryland	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM	F. Potts			14. MOTHER'S	MAIDEN NAME nerine Haggan	
15. WAS DECEASED (Yes, no or unknown) NO	EVER IN U. S. ARMED (If yes, give war or date)	FORCES? of service)	16. SOCIAL SECURITY NO. 216-30-776	17. INFORMAN 5 Mrs Emm	π 660 Gutman A na C. Potts	WA ss
heart failure, injury or con  AN  Z  DISEASES O  RISE TO THE	ot mean the mode of asthenia, etc. It mea implication which control itecepent cause or conditions, if above cause (a) ig condition la	ns the diseas aused death ES FANY, GIVIN STATING TH	e, .) DUE TO (B)	Hyperten	cclusion sion clerosis	unknown unknown
() DISEASE OR L	 FICANT CONDITIONS EATH BUT NOT F CONDITION CAUSING	RELATED TO	THE			
19A. DATE OF C		9B. CONDI /AS PERFO	TION FOR WHICH O	PERATION	IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER I PART I OR PART II	
OR CONTRIBUT	T WAS UNDERLY! FING CAUSE OF MEDICAL EXAMINE	about	. PLACE OF INJURY nome, farm, factory, street, office	(e. g., in or ee bldg., etc.) 21C. W INJUR	HERE DID (If in Baltimore City, Y OCCUR?	give exact location)
21D. TIME (Mo OF INJURY	onth) (Day) (Year)	(Hour)	TE. INJURY OCCURE  WHILE AT NOT WH  WORK AT WOR	ILE	SANDOO VANTUI DID WC	
22. I hereby e deceased alive	e on 8/20/	ended the , 19_53.	deceased from 8	/19/ ,1 urred a8:30A 238. ADDRESS	9.53 to 8/21 , 1953 m., from the causes and on th	3, that I last saw the he date stated above
24K. BURIAL, CRE TION, REMOVAL (Spec Burial	MA- 24B. DATE	4,1953		ERY OR CREMATO	th. St. Belto Md. DRY 24D. LOCATION (City, town, Baltimore Md.	8/22/53
DATE RECEIVED E	BY REGISTRAR			25. FUNERAL	DIRECTOR Sender & Sons Inc	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Seay t. Candler.





Tue
WRITE FLAINLY, WITH UNFAUING INK. Every nem of information should be carefully supplied. ge is especially important. Physicians: please write the causes of death clearly and legibly.

53 7514 BIRTH NO.	BALTIMORE CITY HEA		53 7514		
1. NAME OF DECEASED (Type or Print) George	T. Rodenhi	2. DATE OF DEATH	Aug. 22, 1953		
3. PLACE OF DEATH:  A. Baltimore City, Maryland		A. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)  Maryland			
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION 2821 Hamilton	r institution, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 27 Dtoknship)			
¥	Yrs.	D. STREET ADDRESS (If rural, give le	ocation)		
V	Life Days  SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. AGE (I	rthday) Months Days Hours Min.		
	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count: Baltimore Md.			
13. FATHER'S NAME Thomas Rodenhi		14. MOTHER'S MAIDEN NAME Martha Louise Kei	ifel		
(15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wer or dates of see	DRCES?   16. SOCIAL   16. SECURITY NO.   218-07-560	17. INFORMANT 2821 He 8 Mrs Flora E. Roder	amilton Ave.		
DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dy heart failure, astenia, etc. It means th injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  UNDERLYING CONDITION CONTO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	RECTLY  ying, e.g., (A) Living the disease, ed death.) DUE TO  (B)	of DEATH  We Mystard  ( Injectuous)	INTERVAL BETWEEN ONSET AND DEATH		
	CONDITION FOR WHICH OPE PERFORMED	ERATION IF OPERATION WAS I	ENTER IN		

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E, INJURY OCCURRED

WHILE ATT NOT WHILE WORK AT WORK

21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from gon 1953 and that death occurred at deceased alive on\_ 23A. SIGNATURE

m., from the causes and on the date stated above. 23B. ADDRESS

23c, DATE SIGNED

195 That I last saw the

**ADDRESS** 

24A. BURIAC. CREMA-TION REMOVAL (Specify) Burial

MEDIC

correct age

PLEASE

248, DATE Aug 261953

REGISTRAR'S SIGNATURE

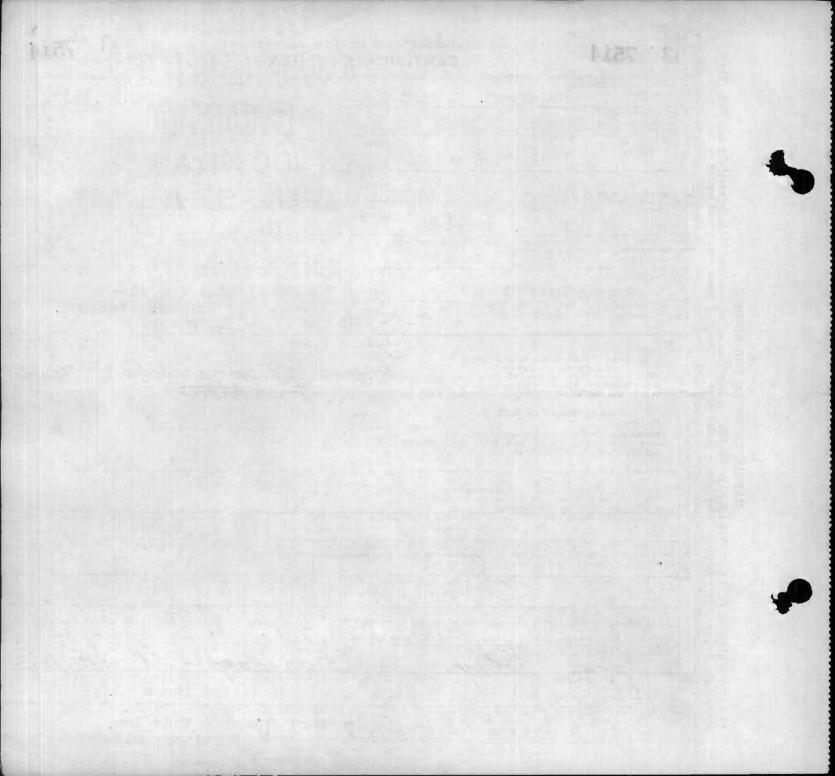
24C. NAME OF CEMETERY OR CREMATORY Western

Baltimore Md.

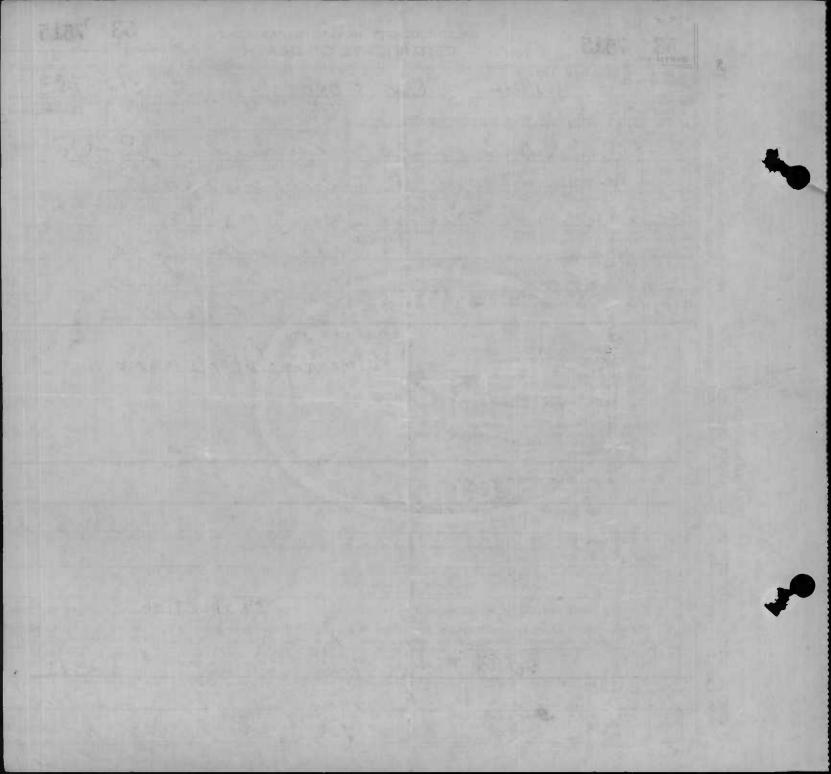
25. FUNERAL DIRECTOR Sander & Sons Inc. Baltimore Md,

VS 150

DATE RECEIVED BY LOCAL REGISTRAR



	F-630 53. 75 <b>1</b> 5	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	53 7515 Registered No.
The	BIRTH NO.  1. NAME OF DECEASED William (Type or Print)	Day FORD	2. DATE OF DEATH 8/23/53
carefully supplied.		institution, give street address or	Where deceased lived. If institution: residence B. COUNTY before admission
fully sury.	HOSPITAL OR INSTITUTION South Sales	end Hogalal farfield	f outside corporate limits, write RURAL and give location)
		Mos. 32// Remeler Single, MARRIED, WIDOWED, DIVORCED (Specify)	SAGE (in years   H Under I Year   H Under 24 How last birthday)   Months: Days   Hours   Min
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)	B. KIND OF BUSINESS OR INDUSTRY	Oreign country) 12. CITIZEN OF WHAT COUNTRY
ath cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN N	aller of
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO. Marguel	middlelon
FOR y item the car	DISEASE OR CONDITION DIR  LEADING TO DEATH  (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause	ring, e.g., (A) Pulmonary lube	rculosis
RESEŘ INK. Jease	Z DISEASES OR CONDITIONS, IF AN OF RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.		
MARGIN I UNFADING Physicians: I	U  C  OTHER SIGNIFICANT CONDITION  TRIBUTING TO THE DEATH, BUT NOT  TO THE DISEASE OR CONDITION CAL	RELATEO	
H-1	144	MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
ILY, WITH important.	O UTING CAUSE OF DEATH.	out home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	If in Baltimore City, give exact location)
LAINLY,	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	m. WHILE AT NOT WHILE	
P P	the evidence obtained by said	of the remains described above, held an Autopsy d Autopsy, Inspection or Inquiry, find that said dulted from: natural causes , accident □, suicide	leceased died on the day stated abov
E WRITE age is esp	23A. SIGNATURE	M.D. 23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER 2 2
PLEASE W correct age	24A. BURIAL, CREMA- TION REMOVAL (Specify) DATE RECEIVED BY   REGISTRAR'S SI	3 Mr Calrans Cemiter	J.J. Justy M.
P. 00	LOCAL REGISTRAR	GNATURE 25 FENERAL DIRECTOR	a. Ellisa o Dy.
	V S 151	97099 112971	Carrier St - V



53 7810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The

MARGIN RESERVED FOR BINDING

вБЗ и	.7516		CERTI	FICAT	E OF DEAT	Н	Registered	No.
1. NAME	OF DECEASED					12.	DATE	
(Type or l	Print)	WALTER	J.	HROM	DNIK		OF Aug	ust 21, 1953
A. Baltin	of death: nore City, Marylan				A. STATE		deceased lived. I B. COUNTY	f institution: residence before admission
B. FULL I HOSPITA INSTITUT	L OR	n hospital or inst	tution, give str	location)	c. CITY OR TOWN	yland (If outside	de corporate limi	its, write RURAL and giv
114511101	Baltimo	re City M	orgue			timore	/-	township
	h of stay in Baltin	1010	life	Yrs. Mos. Days		N. Chest	ter Stree	
5. SEX	6.COLOR OR White	WID	GLE, MARRIEI OWED, DIVOR ngle	D, CED (Specify)	8/21/5	9. 4	ast birthday) M	f Under 1 Year If Under 24 Hours Onths Days Hours Min.
10A. USU work done duri Bar Te	AL OCCUPATION (Given in most of working life, even in moder	if retired)	ND OF BUSIN	NESS OR INDUSTRY	11. BIRTHPLACE (		country)	12. CITIZEN OF WHAT COUNTRY
	ER'S NAME	Hromadni	k		14. MOTHER'S MA		Catherin	e Hobek
15. WAS D (Yes, no or un W.W.1	ECEASED EVER IN U. S. (If yes, give wa	. ARMED FORCES	16. SOCI	AL IRITY NO.	17. INFORMANT Carrie Noval	k, 3406 1		ADDRESS Venue
(T)	DISEASE OR CONDITION OF THE ABOVE CAU DERLYING TO THE ABOVE CAU DERLYING CONDITION OF THE ABOVE CAU	D DEATH mode of dying, . It means the dis which caused de CAUSES  ONS, IF ANY, G SE (A) STATING	e.g., (A) lease, eath.) MDEAT	* Myoca	nary occlusi	***************************************		
TRI TO	HER SIGNIFICANT BUTING TO THE DEATI THE DISEASE OR CON	H. BUT NOT REL	CON- ATED					
	ATE OF OPERATION	198. MAJ	OR FINDING	S OF OPER	ATION			YES X NO
UNDE	XTERNAL CAUSE W RLYING   OR CON	ITRIB.   about ho	PLACE OF IN- me, farm, factory, st	JURY (c. g., in reet, office bldg., c	or 21c. WHERE D		Baltimore City,	give exact location)
	IME (Month) (Day) JURY	(Year) (Hour)	WHILE AT WORK	NOT WHILE	21F. HOW DID	INJURY OC	CUR?	
t.	eertify that I too he evidence obtain nd death in my op UGNATURE	ed by said A	utopsy, Insp	ection or 1 ural causes	nquiry, find that  X, accident [],  23B. CHIEF ME ASSISTANT MI	said deceas suicide □, I EDICAL EXAM EDICAL EXAM	etion or Inquiry sed died on t komieide [],	he day stated above
24A. BUI TION REMO	RIAL. CREMA-248, Z DVAL (Specify) B/24		1		D. MEDICAL INV	24D. LOCAT	TON (City, town	
		TRAR'S SIGNA	TURE		25. FUNERAL DIR	ECTOR		ADDRESS

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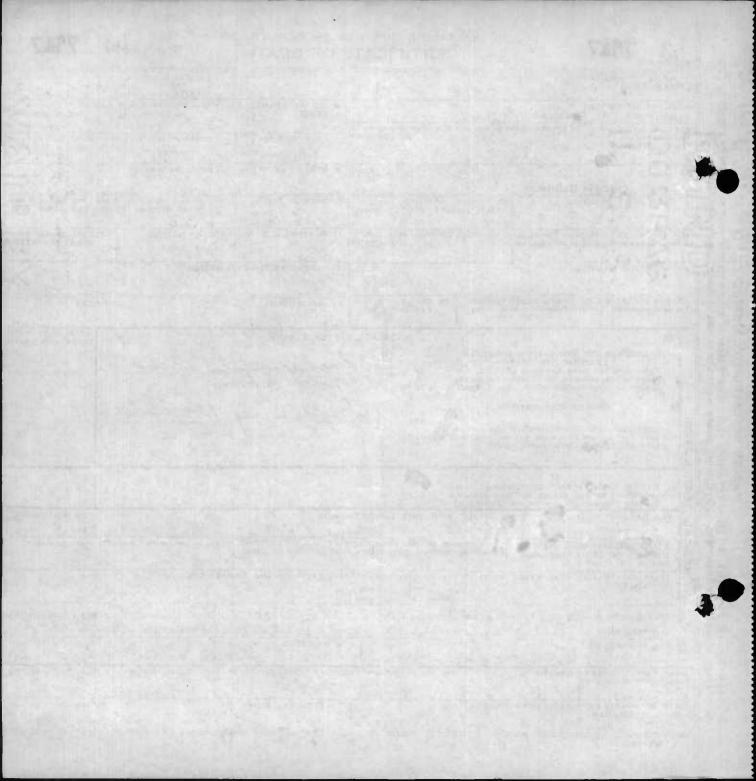
2601-3-5 E. Madison St.

	T-460
The	53 7517 BIRTH NO.
-	1. NAME OF DECEAS (Type or Print)
plied	3. PLACE OF DEATH
dns	B. FULL NAME OF HOSPITAL OR
ully	INSTITUTION
50	43
be le	c. Length of stay in 5. SEX 6.CO
uld y an	Female W
sho	IOA. USUAL OCCUPA work done during most of working
tion th cl	13. FATHER'S NAME
VDING information of deat	Cileran
NDI inf	(Yes, no or unknown) (If )
R BIN m of i	18. 587.0
FOF iter	DISEASE OR
VED Every	(This does not n heart failure, ast injury or compl
CRV. E wr	ANTE
RESER INK.	Z O DISEASES OR C
7.75 1	RISE TO THE AB
MARGIN NFADINO 1ysicians:	DISEASES OR OR RISE TO THE ABUNDERLYING OUTHER SIGNIF TRIBUTING TO TO THE DISEASE
MA NF.	OTHER SIGNIF
D H	19A. DATE OF OPI
WIT	21A. ACCIDENT
"Y,	21A ACCIDENT V LYING OR CON CAUSE OF DEATH
y ii.	21D. TIME (Month OF INJURY
	22 / Laurel
E S	deceased alive of
VRIT	20 SIGNATURE
SE WRIT t age is e	24A. BURIAL, CREMA TION-REMOVAL (Specify
PLEASE correct ag	Burial
PL	LOCAL REGISTRAR
	VS 150
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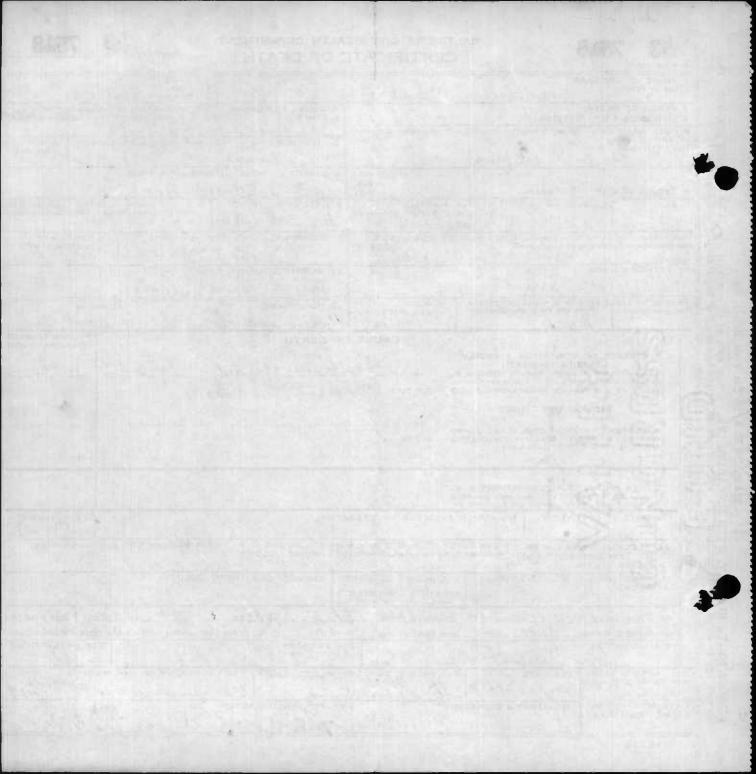
BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

Registered 3 7517

1. NAME OF DECEASED (Type or Print) Hatilda Taylor	2. DATE OF Chief 23, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland Bully.	4. USUAL RESIDENCE (Where deceased lived, 11 istitution: residence A. STATE B. COUNTY Defore admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION BOTH & 1/1	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
yrs.	D. STREET, ADDRESS (If rural/give location)
Mos.	165001/2 1 + 1X
c. Length of stay in Baltimore Days  5. SEX   6. COLOF OR RACE   7. SINGLE, MARRIED.	8. DATE/OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life even if retired) INDUSTRY	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13/1 / 100	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	house Hammerbacher
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
	Charles C. Taylor 663 C. Clement
18. 58 7.0 L	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	hipporgonali abcess
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	raphysaugenalis ancies,
injury or complication which caused death.) DUE TO	apales Webcles
ANTECEDENT CAUSES	e regroting paneres letes
Z (B)	a racing fur acus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST.	
<u> </u>	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	ATION 20. AUTOPSY?
3 9-1-53 Coule Neinel	ing paroualilis YES NO
21A. ACCIDENT WAS UNDER. 218. FLACE OF INSURT	n or 2 C. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	, who will be so that
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE IN WORK AT WORK	
22. I hereby certify that I attended the deceased from 7.	-27- , 1953 to 8-23 , 1957, that I last saw the
deceased alive on 8 23 1, 1953, and that death occur	NOC 12
	23B. ADDRESS DIT ( ) 23C. DATE SIGNED
Corald Sems fundam. o.	5-471 Bull Sen. 11012 18-20-53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (Oty, town, or county) (State)
Burial 8/26/53 Codar A	till (i.d. Co. Mix
DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FONERAL DIRECTOR
LOCAL REGISTRAR	Huma vi Homing out Il heil Wil
VS 150	1 5 / Out of the second



The	В	53 IRTH NO.	3 2 7518	3	BA			EALTH DE	PARTMENT	Regist	53 ered No.	7518
	(T	NAME OF Type or Prin	t)	Mich	oel F	: Sch	: Schultz					1-3
ully supplied.	B.	PLACE OF Baltimor FULL NAMOSPITAL CONSTITUTION	e City, I		tal or institu	ation, give str	eet address or location)	4. USUAL A. STATE Mary c. CITY OR	land	Raid (	mora	itution: residence before admission) rite RURAL and give township)
l legib	-	Length o		Baltimore	7.000		o. STREET ADDRESS (If rural, give location)  3 S. Ellwild Ave					
should be		M		LOR OR RACE	WIDO	WED, DIVOR	CED (Specify)	Sept 2	olt 1896	56	ay) Month	r I Yest If Under 24 Hours B Days Hours Min.
ion shoul	Work done during most of working life, even if retired)  Locker Room Man Smelting Refining								Connect	oreign country)	12	CITIZEN OF WHAT COUNTRY?
NDING information s of death cle		. FATHER	oseph	Scho	etz			Jo Se	Chinic	0 1	rek	
BINDIN of infor	(Ye	no or unkaro	wn) (If y	R IN U.S. ARME les, give wer or det /////	D FORCES?	16. SOCI SECU 2/2-10	IRITY NO.	H-elen	Schulls	3 &	Ellu	ress
ESERVED FOR INK. Every item lease write the cal	ICATION	(This of heart for Injury  DISEA	LEAD loes not m ailure, asth or compl  ANTE	CONDITION CONDITION CONDITION CONDITIONS	ATH of dying, e. ans the discr caused dear SES  IF ANY, GIV	g., (A) ise, h.) DUE T	Aeo o con	of DEATH	10 cg r diol The omb	esis	dreten	ONSET AND OEATH
MARGIN F UNFADING Physicians: p	CERTIFIC	TRIBUT	ING TO TI	II ICANT CONE HE DEATH, BUT OR CONOITIO	NOT RELA	LFD						
H	CAL	19a. DAT	E OF OPE	ERATION			S OF OPER					YES NO
Y, WITH	MEDI	LYING		VAS UNDER- TRIBUTING			JURY (e.g., i reet, office bldg.,		TERE DID ()	If in Baltimore	City, give	exact location)
C,		OF INJU		) (Day) (Year	m.	WHILE AT WORK	NOT WHILE	21F. HO	NULNI DID W	Y OCCUR?		
PLEASE WRITE PI		22. I her deceased	l alive or	ify that I at	tended th	e deceased, and that	fromdeath occur	red at 5	19 55 to		d on the c	hat I last saw the late stated above. 3c. DATE SIGNED
SE WI	2.4 TIC	4A. BURIAI	CREMA- L (Specify)	1248. DATE	19:00	24c NAME	M. D.	RY OR CREMI	My Hosp	OCATION (Cit	y, town, or	county) (State)
PLEA		ATE RECEI		REGISTRAF	S SIGNAT	URE	Janes	25. FUNER	AL DIRECTOR	Welle	AL TO	DORESS
		VS 150	)		0			39030				



# BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	7519
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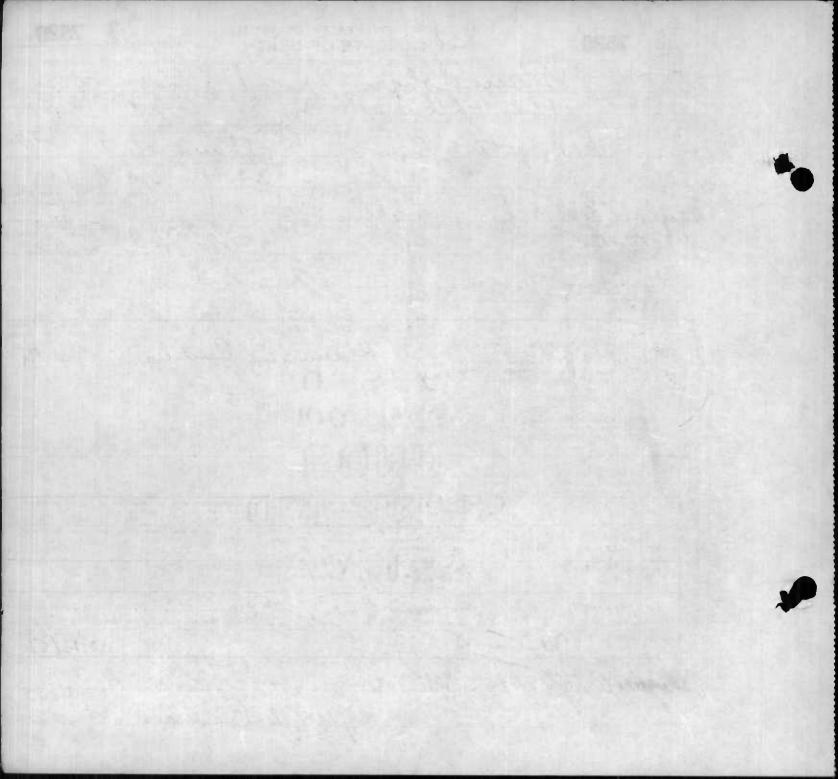
BIRTH NO.	1 Omeo			CERTIFI		DEAT			tered N		
1. NAME OF (Type or Prin		Steve	Karas					2. DATE OF DEATH	Aug.	20,195	
3. PLACE OF A. Baltimor B. FULL NAM	e City, M		al or instituti	ion, give street ac	A. S	JSUAL RESIDI		There deceased B. COU	lived, If it NTY	nstitution : befor	residence e admissi
HOSPITAL C	US US	PHS Hosp Ltimore 1	oital	lon, give street at		Baltimor	(If	outside corpor	ate limits,	, write RUF	AL and towns
c. Length o					Yrs. D. S Mos. Days	1616 Bas		rurai, give loca Avenue	ation)		
5. SEX Male	6.COL. Whi	OR OR RACE	7. SINGLE WIDOW Sing	E, MARRIED, VED, DIVORCED Ble	(Specify)	9-24-98	-	9. AGE (In last birth	day) Mon	Under 1 Year oths Days	lt Under 24 Hours B
rork done during n	OCCUPATION OF STAN	ION (Give kind of life, even if retired)		of BUSINESS IND faring	S OR 11.	Turkey	State or fo	oreign country	)	USA	N OF COUNT
13. FATHER					14.	MOTHER'S MA		AME			
15. WAS DECK Yes, no or unknown	wn) (If yes	IN U.S. ARMED	D FORCES?	16. SOCIAL SECURIT	Y NO.	ecords, U	SEHS	HOSPITAL		to. 1	, Md
'DIS (This heart f	LEADI does not me ailure, asthe	CONDITION ING TO DEAT ean the mode o	TH of dying, e. s ins the discas	Su' g., (A)		BAC			***************************************	SUE.	LZ 1
(This heart finjury	EASE OR LEADI does not me ailure, asthe or complic ANTEC	NG TO DEAT	TH  of dying, e. g  ms the discas  caused death  SES  F ANY, GIVIN  STATING TH	SU' 8., (A) 98, 1.) DUE TO  (B)	B-ACU ENC	re bac	RDI	ris	0- 0-	BUA	AND D
VOISE A RISE T UNDE UNDE OTHER TO T	EASE OR LEADI does not me ailure, asthe or complic ANTEC .SES OR CC O THE ABO RLYING C	and TO DEAT an the mode o mia, etc. It mea eation which c EDENT CAUS ONDITIONS, III	of dying, e. g. ans the disease caused death SES  FANY, GIVIN STATING THAST.	SU Se, (A) Se, (A) Se, (B) (B) (C)	B-ACU ENC	re bac ocai	RDI	ris	Se-	BU2	AND D
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VOISEAN TO	EASE OR LEADI does not me ailure, asthe or complic  ANTEC  SES OR CO O THE ABO RLYING C  SIGNIFICAN HE DEATH SE OR COND E OF OPER	an the mode of the mode. It means that the mode of the	of dying, e. g. ans the discase caused death SES  FANY, GIVIN STATING THAST.  CONTRIBURELATED TO G. IT.  9B. CONDINAS PERFO	SU Se, (A)	HICH OPERA	MOLYTA	IF OPERA CAUSE (CAUSE (	TREPT	ELATED TO	0 20. At	UTOPSY No
VOILE OTHER TO	EASE OR LEADI does not me ailure, asthe or complic  ANTEC .SES OR CC O THE ABO RLYING C .SIGNIFICAN HE DEATH SE OR COND TE OF OPER CIDENT WAR RIBUTING NOTIFY MEI E (Month) RY	AS UNDERLY CABUSE OF CAUSE (A)  AS UNDERLY CAUSE (A)  ONDITIONS, II  ONDITIONS (A)  ONDITIONS (A	of dying, e. g. ms the disease caused death sees  F ANY, GIVIN STATING THE STA	SUMBLE AT WORK WAS CONTRACTORY	HICH OPERA	TION  1 or 21c. WHE INJURY C	IF OPERA CAUSE O PART 1 PRE DID CCUR?	TREPT CONTION WAS REDEATH. OR PART II (If in Baltim	ELATED TO	O 20. AU YES give exact	UTOPS' No location
OTHER TO TO TO SEASON OF INJU	EASE OR LEADI does not me ailure, asthe or complic  ANTEC  SES OR CC O THE ABO RLYING C  SIGNIFICAN HE DEATH SE OR COND TE OF OPER CIDENT WAR RY  CIDENT WAR	an the mode of the mode. It may be cause (A) ONDITIONS, II TO CONDITION CAUSE (A) ONDITION CAUSING THE MODERLY BOLD CAUSE OF DICAL EXAMINE (Day) (Year)	of dying, e. g. ins the disease caused death seased death death seased death	SUTING OF THE SERVICE	HICH OPERA NJURY (e. e., i street, office bldg., e DCCURRED NOT WHILE AT WORK July 3 th occurred	TION  a or 21c. WHE te.) INJURY C	IF OPERAL CAUSE (PART I RE DID OCCUR?)	TREPT	celated to enter in ore City,	o 20. At YES give exact	TTOPSY No iocation
OTHER TO	EASE OR LEADI does not me ailure, asthe or complic  ANTEC  SES OR CO O THE ABO RLYING C  SIGNIFICAN HE DEATH SE OR COND E OF OPER CIDENT W/ FRIBUTING NOTIFY MED E (Month) RY  creby certa d alive on	ING TO DEAT an the mode of the mode. It may be cause (A)  ONDITIONS, II VE CAUSE (A)  ONDITION LA  II NT CONDITIONS H BUT NOT INTO CAUSING RATION O VENTO CAUSE OF THE MODERLY  ONDITION CAUSING RATION (Year)  If y that I attack the mode of the mod	of dying, e. g. ins the disease caused death seased death death seased death	SUMBLE AT WORK A GRAND AND AND AND AND AND AND AND AND AND	HICH OPERA NJURY (e.g., i street, office bldg., office bld	TION  TOO 21C. WHE  INJURY CO  21F. HOW  ADDRESS  PHS Hospi	IF OPERAC CAUSE OPART I RE DID OCCUR? DID IN. 3, to A., from to	TREFT	ore City,  1953  nd on th	o 20. Al YES give exact	TTOPS' No iocation
OTHER TO TO TO SEASON OF INJU	EASE OR LEADI does not me ailure, asthe or complic  ANTEC  SES OR CC OTHE ABO RLYING C  SIGNIFICAN HE DEATH SE OR COND TE OF OPER CIDENT W/ FRIBUTING NOTIFY ME  E (Month) RY  CREMA- AL (Specify)  AL (SPECIFY)  IVED BY	ING TO DEAT an the mode of the mode. It may be cause (A)  ONDITIONS, II VE CAUSE (A)  ONDITION LA  II NT CONDITIONS H BUT NOT INTO CAUSING RATION O VENTO CAUSE OF THE MODERLY  ONDITION CAUSING RATION (Year)  If y that I attack the mode of the mod	of dying, e. s. ans the disease caused death sease dea	CAC, NAME OF	HICH OPERA NJURY (e.g., i street, office bldg., office bld	TION  TO CAS  MOLYTI  TO CAS  TO CAS	IF OPERAC CAUSE OPART I RE DID OCCUR? DID IN. 3, to A., from to	TREFT	ore City,  1953  nd on th	o 20. Al YES give exact	TTOPS' No iocatio

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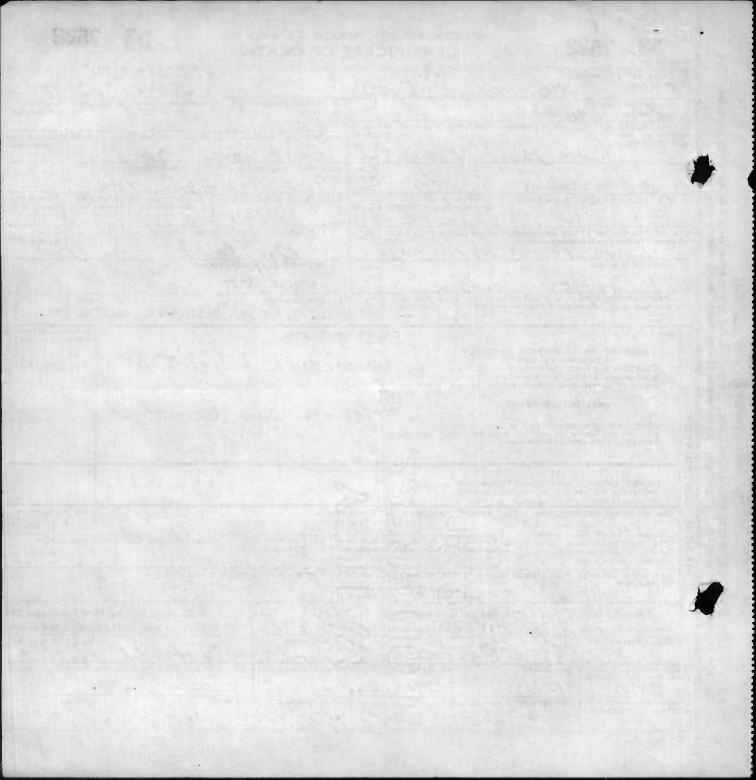
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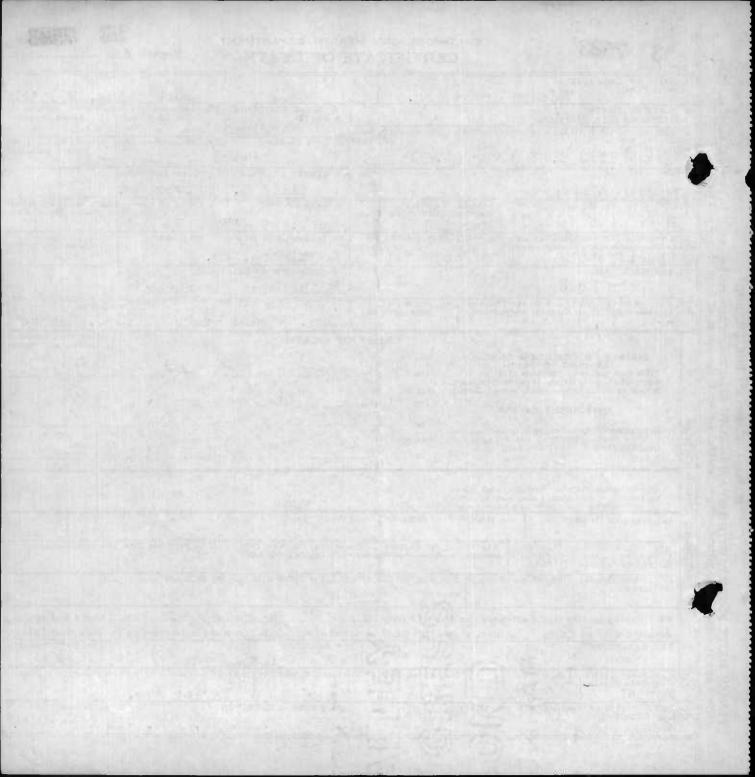


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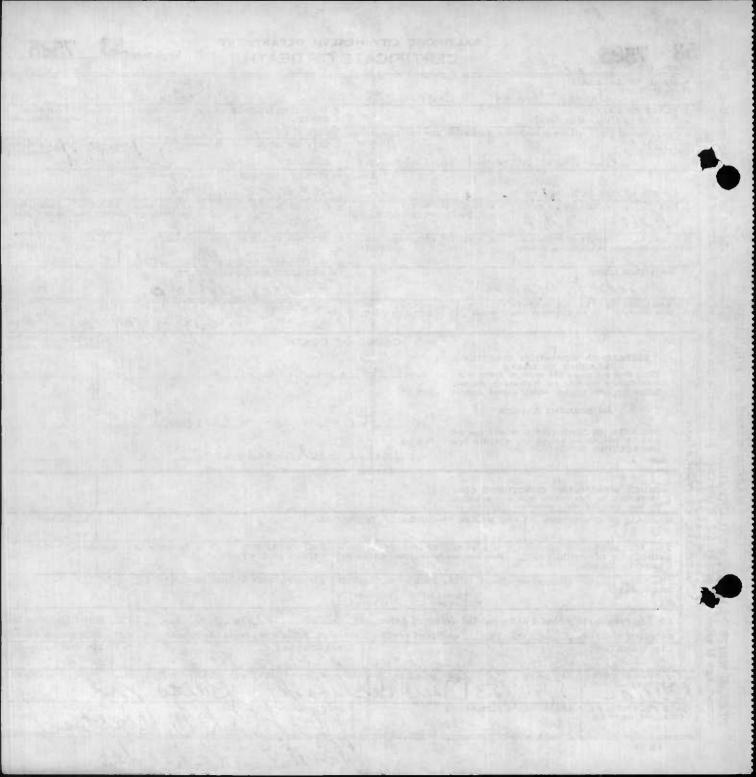
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7523
Registered No	

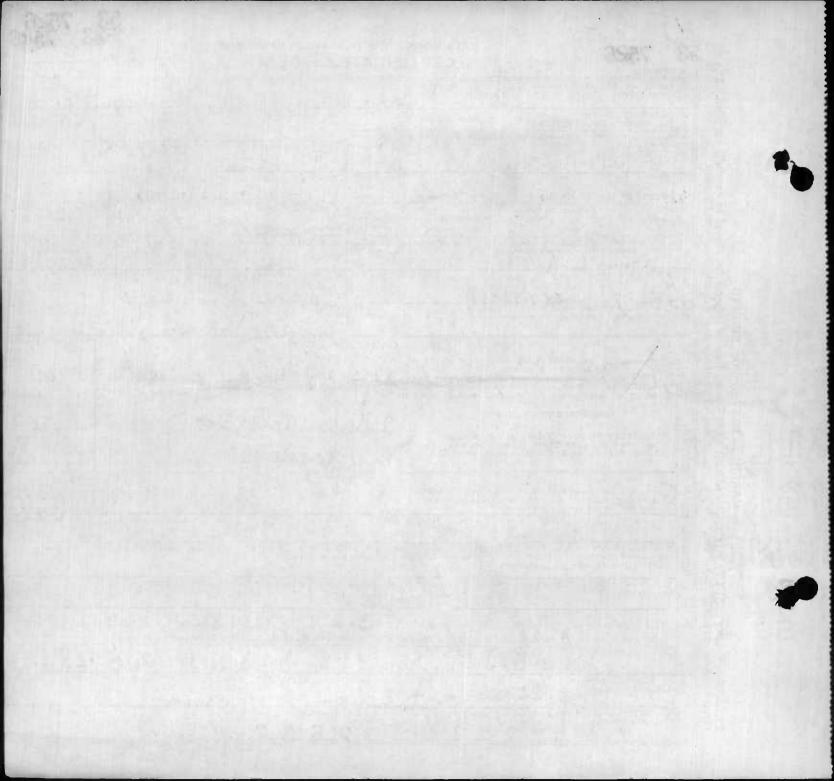
- ]	BI	RTH NO.	2 OF DEATH	
	1.	NAME OF DECEASED ype or Print)	2. DATE	
	, ,	Edward Krebs, Sr.	DEATH Aug. 22.	153
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; res	sidence admission)
	В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	
	IN	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURA	L and give township)
		1113 S. Hanover St.	Baltimore	,
0 1	•	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	1113 S. Hanover St.	
	٥.	WIDOWED, DIVORCED (Specify)	last birthday)   Months   Days   Ho	urs Min.
		M   W   Married	Sept. 24, 177 75	
	work	A. USUAL OCCUPATION (Give kind of to done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		OF OUNTRY?
		Sheet Metal   Sheet Metal	Baltimore, Md.	
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		John Krebs	Wilhelmina Kirschner	
	15 (Yes	was Deceased ever in U.S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS	
			Mrs. Edward Krebs 1113 S. Han	lover
		18. /77 X . CAUSE	OF DEATH ( INTERVAL ONSET AN	
		DISEASE OR CONDITION DIRECTLY	1 0/Ac 0 / 1/0	) DEATH
		(This does not mean the mode of dying, e.g.,	Graf ( Tyl	V-7.
		heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO		
		ANTECEDENT CAUSES CALL	ing desons	
	Z	(B)		
	임	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Cum Xinte	
	A	UNDERLYING CONDITION LAST.	Day 01 1 5	
	RTIFICATION			
	ZT.	OTHER SIGNIFICANT CONDITIONS CON-		
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUT	OPSY?
	A		YES	NO [
	DICA	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e	n or 21c. WHERE DID (If in Baltimore City, give exact loca	tion)
2	ME	CAUSE OF DEATH		5.11.5
1		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR		
		m. WHILE AT NOT WHILE MORK		
		22. I hereby certify that I attended the deceased from	17 ,1913, to 8/22 , 19 S that I last	saw the
2		deecased alive on 2/22, 19 and that death occur		
3			38. ADDRESS 23c. DATE	
,			07 E. West It. Bell 30 8/24	13
3	710	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)
		Burial 8/26/53   Moreland M		11-1-1
3		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	
		AUC 2120 Tuntingeon Gilloun on	JOHN F. DENNY, INC. 715 Light	St.
		VS 150	5.00 and 6	







	1	I-525		53,	7526
The	3	7696	HEALTH DEPARTMENT	Registered No.	, waga
	(T:	NAME OF DECEASED ppe or Print)  PLACE OF DEATH:	II A LICIAL RESIDENCE (	2. DATE OF DEATH QUAN Where deceased lived, a institu	1 1 1953
lddns	А.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street addressed and street address	A. STATE	B. COUNTY	before admission)
should be carefully supplied.	IN	1414 W. mulberry it	Balto	f rurah give location)	township)
e car		Length of stay in Baltimore 25 years D	ays 1414 W. M	19. AGE (In yells) It mides I	Year   It Under 24 Hours
uld b		7 C WIDOWED, DIVORCED (Sp.	may 12 188	last birthday) Months	Days Hours Min.
	10 work	DA. USUAL OCCUPATION (Give kind of k dooe during most of worklog life, even if retired)  INDUS			CITIZEN OF WHAT COUNTRY?
atic	13	FATHER'S NAME	14. MOTHER'S MAIDEN	YAME 1	
BINDING of inform uses of dea	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	o. MART	14 ADDRE	ss
			E OF DEATH		NTERVAL B TWEEN ONSET AND DEATH
100		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	onary clinease	of heart	14ear
RESERVED INK. Ever please write	Z	ANTECEDENT CAUSES	terio - Scleros	أ	leyears
75	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)	y vear olitis		2years
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
ш.	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	CAUSE PART I	OF OEATH, ENTER IN OR PART II	20. AUTOPSY?
LY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUF OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		(If in Baltimore City, give	exact location)
Za	Σ		RRED 21F. HOW DID IN	JURY OCCUR?	
E PL specis		22. I hereby certify that I attended the deceased from deceased alive on 3 - 20 19 5 3 and that death o	3-2 , 1953 to		at I last saw the
PLEASE WRITE PLA		23A. SIGNATURE C. J. Cample M. O	238. ADDRESS ONL	eust. Bell &	- 24-53
ASE W	7) T)	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)  8-26-53  24C. NAME OF CEM	Dum. 240.	LICATION (City, town, or co	ounty) (State)
PLE.		ATE RECEIVED BY COCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ilaben ADI	DRESS
		VS 150	130	3 Bresstma	the man



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### BALTIMORE CITY HEALTH DEPARTMENT C

ERTIFICATE	OF	DEATH	331X

Registered	No
Registered	110
7.5	

tered	No
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UU	1001

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	Md.
(b) Street address 1206 W. Lombard St.	(a) State (b) County
(c) Hospital or institution:	(c) City or town Baltimore
(v) Frospital of motitation.	(If outside city or town limits, write RURAL and give town)
***************************************	(d) Street No. 1206 W. Lombard St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location)
	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.	If yes, name country
3 (a) FULL NAME Mary Elizabeth Pease	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
none No. none	20. DATE OF DEATH Aug. 20th 1953, at 5:20 MM
4. Sex   5. Color or race   6 (a) Single, married, widowed, or	
Female White divorced. Widowed	21. I certify that death occurred on the date above stated; that lattend-
	ed deceased from July 1953, to Aug 14 1953,
6 (b) Name of husband or wifeWilliam H. Pease	and that I last saw have alive on A - 1 - 19 53.
6 (c) If alive, give age years	Immediate cause of death Duration  Severe Vascular Accolar / XV
7. Birth date of deceased (mo., day, yr.) Now, 26, 1877	Carebrel Vaseular Acedar 1 xx
8. AGE: Years   Months   Days   If less than one day	
TE 0 01	Due to Hyper fancia
	Due to
9. Birthplace Baltimore, Md  (Town, county, and state)  Home Duties	- A. 5
Home Duties	Due to Arteria relevano
	***************************************
11. Industry or business	Other Conditions
12. Name Thomas Early	PHYSICIAN
E 211	(include pregnancy within 3 months of death)
13. Birthplace Baltimore; Ma.	Date of operation
14. Maiden Name Lucinda Jane Daiger	Major findings of operation: cause to which death should be
	charged statis-
15. Birthplace Baltimore, Md.	of autopsy: tically.
16 (a) Informant Miss Hazel E. Pease	22. If death was due to external causes, fill in the following:
(b) Address 1206 W. Lombard St.	(a) Accident, suicide, or homicide
Burial (8/24/53	(b) Date of occurrence
17 (a) Burlal (b) Date thereof 8/24/53 (Burial, cremation, or removal) (month) (day) (yes)	(c) Where did injury occur?
(c) Cemetery or crematory Lew Cathe gral	(City or town) (County) (State)
1/2/4	(d) Did injury occur about home, on farm, industrial place, in public
Location Salbunare	place?While at work?
18 (a) Funeral director	A
(b) Address / 9/3 W Sattimore DI	(e) Means of injury
and Chapter and I like	23. Signature
(Date rec'd by registrar)  (Date rec'd by registrar)  (Registrar	Address 3321 Frederick / Lut Date signed 8/22/53

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

#### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

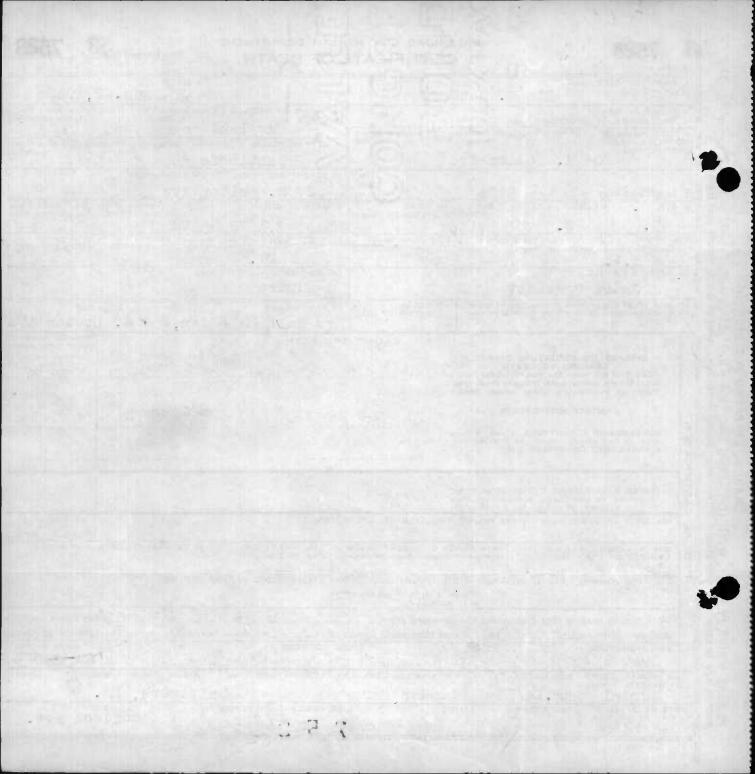
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

MARGIN RESERVED FOR BINDING

	B	-31
3	3	7528
-11	DIDT	U NO

	5.3	752
Registered	No.	108

33	7528			CEDITIES AT			Registered N	53	7528
11	BIRTH NO.			CERTIFICATI	E OF DEATH	7	registered in	0	
=	NAME OF DECE	EASED				2. DA			
1	Type or Print)	Ida N	I. Bot	hoff		DE	ATH Aug .	22,19	953
1	B. PLACE OF DEAT A. Baltimore City	H: , Maryland			4. USUAL RESIDE	NCE (Where de		nstitution	
E	B. FULL NAME OF		al or institut	ion, give street address or location)	c. CITY OR TOWN	rland	corporate limits		
	NSTITUTION	4 S. Loud	lon Av	A		imore	Corporationing	J'I	township)
-	20	TO HOUCE	COTT TYA	Yrs.	D. STREET ADDRE		verocation)		*
	. Length of stay	in Baltimore I	ife	Mos. Days		Tulton A			
1	5. SEX 6.0	COLOR OR RACE	7. SINGLE	E. MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH		E (In years) If I t birthday) Mon	Inder 1 Year ths: Days	If Under 24 Hours
	F.	W.	Wid		March 7.18				
	OA. USUAL OCCUP ork done during most of wo		10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign co	ountry)	12. CITI	ZEN OF
_	H.W.		Own	Home	Md.				
1	3. FATHER'S NAM				14. MOTHER'S MA	IDEN NAME			
		Bravkett			Elmira				
0	(es, no or unknown) (	VER IN U.S. ARMED If yes, give war or detec	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS	
					Mrs Ruth I	<i>IcFadden</i>	,204 S.	Loud	don Ave
1	18. 420.	1		CAUSE	OF DEATH	6			T AND DEATH
	DISEASE	OR CONDITION	DIRECTLY		1	(V)	1	وسند	0
	(This does not	t mean the mode o	f dying, e. g		26200				X
	injury or con	asthenia, etc. It mean aplication which c	aused death	e,		10	,		
	AN	TECEDENT CAUS	ES	(1)	n	O lls	21-2.	12	7/1-
2				(B)	1000	1			
1 5	DISEASES OF	R CONDITIONS, 15 ABOVE CAUSE (A)				X			
1	UNDERLYING	G CONDITION LA	ST.	(C)	*******	0			
NOTTELOATION	OTHER SIGN	II IIFICANT CONDI	TIONS CON						
L	TRIBUTING TO	THE DEATH, BUT	NOT RELATE	.D	bet seek a re-				
1	19A. DATE OF C			FINDINGS OF OPER	RATION			20.	AUTOPSY7
		0						YES	□ NO □
FDICA	21A. ACCIDENT LYING OR CO CAUSE OF DEA	T WAS UNDER- ONTRIBUTING		CE OF INJURY (e. g., i arm, factory, street, office bldg.,			ltimore City, g	ive exact	location)
Z		nth) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCU	JR?		
	OF INJURY		m.	WHILE AT NOT WHILE					
	22. I hereby c	ertify_that I att		1	- 7019 3	To an	24 192	That I	last saw the
	deceased alive			and that death occur	rred at Ga m	from the early			
	234 SIGNATUR		,		38. ADDRESS	-	1,	200. D	ATE SIGNED
	7000	シープレス	17/2	el - JA.O.	Tisknowskit	himsel	ch		2353
	24A. BURIAL, CRE	MA- 24B. DATE	/)	24c. NAME OF CEMETE	RY OR CREMATORY	248. HOCATIO	ON (City, town,	or count	(State)
	Burial	Aug . 24/5	53	Loudon Park		Balti	more, M	d. 6	
	DATE RECEIVED B	Y   REGISTRAR			25. FUNERAL DIR	ECTOR		ADDRES	ss
	LOCAL REGISTRA	2 Tomb	99/500	YVURAUM-07	2 57/2/19	1 /c	1 Edmoni	ason	Ave.
=	VS 150		0	· · · · · · · · · · · · · · · · · · ·	The same	7			

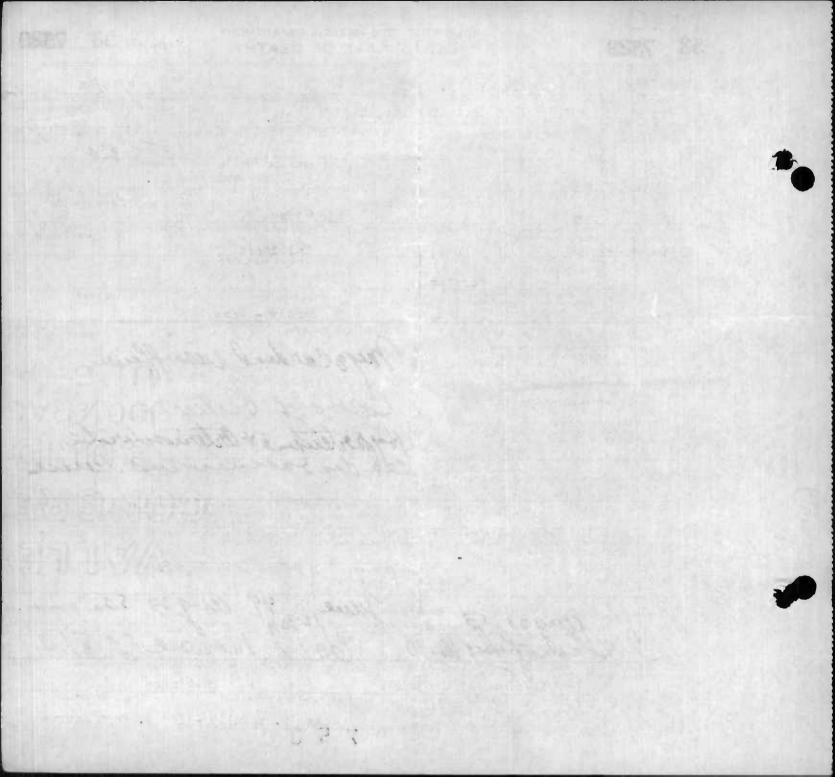


K	-10	C
3	7529	

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 3 7529

BI	RTH NO.			CERTIFICATI	E OF DEA	TH	Registere	d Neo Coen
	NAME OF DECEAS		HERTNE	D. KEYS		2	. DATE OF	193/53
B. HC	PLACE OF DEATH: Baltimore City, N FULL NAME OF OSPITAL OR ISTITUTION	Taryland 150	08 Covi	ington Street cion, give street address or location)	A. STATE Md.		B. COUNTY	If institution; residence before admission) mite, while AURAL and give township
c.	Length of stay in	Baltimore		Yrs. Mos. Days	o. STREET ADD	RESS (If rura) 8 Covingt		
5.	SEX 6.COL	OR OR RACE		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIF		70	Months Days Hours Min.
work	A. USUAL OCCUPAT  Adone during most of working  Housework	ION (Give kind of ; life, even if retired)	300	O OF BUSINESS OR INDUSTRY	11. B(RTHPLAC	nore		12. CITIZEN OF WHAT COUNTRY
	FATHER'S NAME			ster	14. MOTHER'S	MAIDEN NAME		
15 (Yes	No NAS DECEASED EVER (If you	R IN U.S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	- Same		ADDRESS
FICATION	injury or compli	ONDITIONS, IF	ES ANY, GIVIN STATING TH	GO (B) Cor	rtur	occle + Orle	seffe rissel	die die
CERTI	OTHER SIGNIFICAT TO THE DEATI DISEASE OR COND	NT CONDITIONS OF THE BUT NOT RESISTED CAUSING	ELATED TO	о тне				
AL	19A. DATE OF OPE	0 W	AS PERFO			PART I OR F		YES NO
EDIC	21A. ACCIDENT WA OR CONTRIBUTING DEATH (NOTIFY ME	CAUSE OF	about	B. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or 21C. Whildg., etc.)	HERE DID (If i	n Baltimore Ci	ty, give exact location)
2	21D. TIME (Month) OF INJURY	(Day) (Year) (	(Hour) :	21E. INJURY OCCURRI WHILE AT NOT WHII WORK AT YOR	LE	W DID INJUR	Y OCCUR1	
	22. I hereby cert deceased alive of 23A. SONATURS		nded the	and that death occur	(cl., il., il., il., il., il., il., il., i	m., from the	D	that I last saw the the date stated above
24 TIC	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	8/26/53	1	24c. NAME OF CEMETE Cathedral	RY OR CREMATO		timore	wn, or county) / (State)
LC	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR'S	SIGNATI	iliamo, M	25. FUNERAL I		130 E	ADDRESS Fort Avenue



	NAME OF D ype or Print)	Ps	tricia Hughes	A LICHAL DECIDENCE	OF DEATH 8-23-19  (Where deceased lived, If ins		
A.	Baltimore (	City, Maryland	al or institution, give street address or	A. STATE	B. COUNTY	before admi	
HCIN	STITUTION	Baltimore Cit 4940 Eastern	y Hospitals location)	C. CITY OR TOWN	(If outside corporate limits, v		
		tay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS		5300	
1	SEX T	6. COLOR DR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	June 25-1942	last birthday) Month	er I Year   If Under 2 ns: Days   Hours	
work	done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State  Maryland	or foreign country)   12	WHAT COUN	
13	. FATHER'S	George G	Mughes	Marie Ruff	NAME	U	
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMED (If yes, give wer or dates	FORCES7 16. SOCIAL SECURITY NO.	17. INFORMAN 4940 Records:Baltimo	Eastern Ave. ADD	RESS	
RTIFICATION	RISE TO TUNDERL	ANTECEDENT CAUS S OR CONDITIONS, IF HE ABOVE CAUSE (A) YING CONDITION LA:  II SNIFICANT CONDITIONS DEATH BUT NOT R	ANY, GIVING STATING THE DUE TO ST. (C)				
		OF OPERATION   15	BB. CONDITION FOR WHICH O		PERATION WAS RELATED TO	20. AUTOPS	
- CERTI	19A. DATE C	WAS PERFORMED  CAUSE OF DEATH, ENTER IN PART I OR PART II  21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF about home, form, factory, street, office, bldg., etc.)  DEATH (NDTIFY MEDICAL EXAMINER)					
Ш	21a. ACCID OR CONTRI	BUTING CAUSE OF	about home, ferm, factory, street, office	(e. g., in or bldg., etc.) 21c. WHERE D INJURY OCCU			
DICAL CE	21A. ACCID OR CONTRI DEATH (ND	BUTING CAUSE OF	about home, ferm, factory, street, office	ED 21F. HOW DID			
DICAL CE	21A. ACCID OR CONTRI DEATH (NO 21D. TIME OF INJURY	BUTING CAUSE OF FIFY MEDICAL EXAMINED (Month) (Day) (Year)  on certify that I att live on 8-23-	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR  conded the deceased from 7-  1953. and that death occu	ED 21F. HOW DID	INJURY OCCUR?  8-23-, 1953, on the causes and on the	that I las	

PROPERTY Color Westers Astr. COLDENS SHOT Charge o Frankly own are their digities belon to be an expected the state of the s Principal to a sentitle fire a sent message of the language

ully supplied. The

UNFADING INK. Every item of information should be Physicians: please write the causes of death clearly and leg-

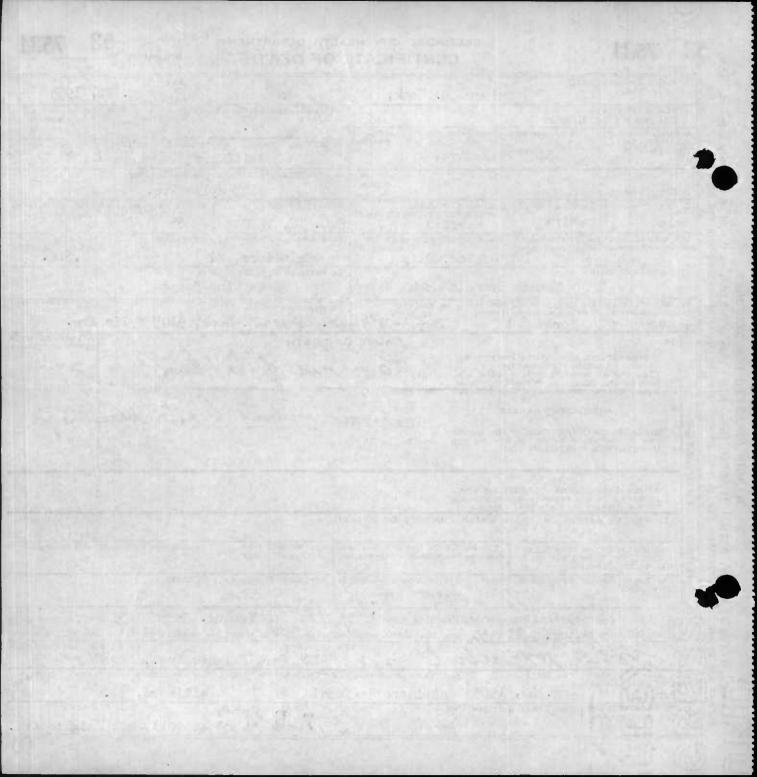
Y, WITH Important.

PLEASE WRITE PLA correct age is especia

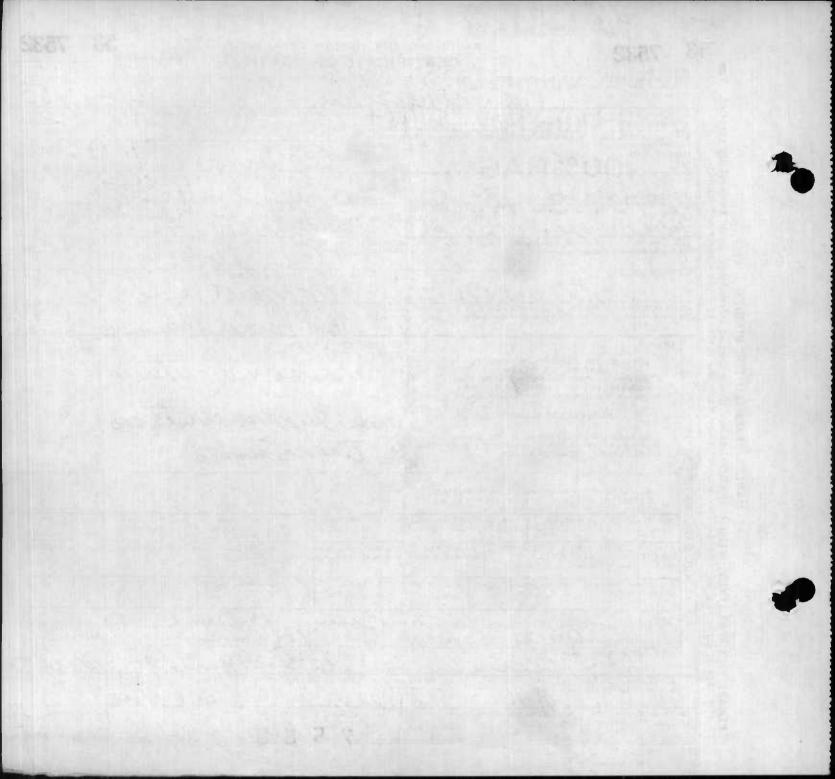
MARGIN RESERVED FOR BINDING

3	7531					OF DEAT		Registered	53 No.	7531
	RTH NO.									
	NAME OF DEC		Hulbert	R. Hook,				OF Aug	22,	1953
A.	PLACE OF DEA Baltimore Cit	y, Maryland				4. USUAL RESIDE			If institut:	
H	FULL NAME OF OSPITAL OR ISTITUTION		Wylie A		A: \  -	c. CITY OR TOWN		utside copporate in	its write	RURAL and give township)
		y in Baltimore			Yrs. Mos. Days	o. STREET ADDRE		ral, give location)		
	sex 6	color or race white	WIDOW	married. PED, DIVORCED <b>ried</b>	(Specify)	eb. 12, 18		9. AGE (In years last birthday)	If Under 1 Ye Months Da	at If Under 24 Hours Rys Hours Min.
10 worl	A. USUAL OCCU done during most of w La. bor	JPATION (Give kind of orking life, even if retired)		of BUSINESS	OUSTRY	Baltimo:		eign country)		TIZEN OF HAT COUNTRY?
13	FATHER'S NA		Franci	s Hook		14. MOTHER'S MA	ephine			
15 (Ye	was deceased , no or nnknown) yes	EVER IN U. S. ARMEE (If yes, give wer or deter World #	FORCES?	16. SOCIAL SECURIT	V NO I	r. Robert 1	H. Hool		ADDRES	- ~
ERTIFICATION	(This does n heart failure, injury or co	OR CONDITION EADING TO DEAT of mean the mode of asthenia, etc. It mea mplication which c NTECEDENT CAUS OR CONDITIONS, IF ABOVE CAUSE (A) NG CONDITION LA	TH dying, e. g ns the diseas aused death ES FANY, GIVIN STATING TH	DUE TO	) irr Imu	osis of	iki To th	luci eart-du		34
CERTIF	TRIBUTING T	II NIFICANT CONDI O THE OEATH, BUT ASE OR CONDITION	NOT RELATE	D						
	19a. DATE OF			FINDINGS OF	F OPERA	TION				O. AUTOPSY1
IEDICAL		NT WAS UNDER- CONTRIBUTING		CE OF INJURY				in Baltimore City	, give exa	et location)
>				21F. HOW DID	INJURY	OCCUR?				
	deceased aliv	certify that I att	ended the	dcceased from and that deat	h occurr	ed at 1:30Pm.	to Aug, from the	22, 19 e causes and on	the date	stated above.
	23A. SIGNATU	un 018	Bube		4. O.	4803 Park			8/.	1//
TIC	A. DORIAL, CR ON REMOVAL (Spe Burial	Aug. 26,		Baltimore		onal		cation (City, tow altimore,		ty) (State)
	ATE RECEIVED			Pellis, P.		5 FUNERAL DIR	ECTOR	w. 4611 Pa	ADDR rk Hei	ess ghts Ave.

VS 150



)	112			15	3 7532
3	7532 BA	CERTIFICATE			
BI	RTH NO.	0 1 110	OF BEAT		
1. (T:	NAME OF DECEASED	Schoffler	in)	2. DATE OF DEATH OUU	123/53
	PLACE OF DEATH: Baltimore City, Maryland 52071	astlest 1	4. USUAL RESIDI	ENCE (Where deceased lived, if it	stitution: residence before admission)
HC	FULL NAME OF (If not in hospital or institus) SPITAL OR STITUTION	ition, give street address or location)	c. C. OR TOWN	(If outside corporate limits,	vrile RUR (L and give township)
7	$\sim$	Yrs.	D. STREET ADDRI	ESS Of rural, tive location)	
c.	Length of stay in Baltimore	Mos. Days	520 n.	Castle St	
5.		E, MARRIED, WED, DIVORCED (Specify)	Feb. 27	9. AGE (In years It by last pirthday) Mont	nder I Year II Under 24 Rours ths Days Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	ID OF BUSINESS OR INDUSTRY	11. BHTHPLAZE (	State of foreign country)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	llein	Mary	auet Seilver	ton
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) (If yee, give war or dates of service)	16. SOCIAL ECURITY NO.	Mro. Har	old I Clausmen	ORESS S2011
	18. 174×	CAUSE	OF DEATH	J	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	( 0	1 cine en	un - literun	,
	(This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused dear	ase,	oowo	cy was	
7	ANTECEDENT CAUSES	(B) Suer	alized!	metastasis	3
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	ING	Preside	coris	٦.
F	11				
ERT	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO				
L C	19a. DATE OF OPERATION 19B. CONE WAS PERF	DITION FOR WHICH OP		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN	20. AUTOPSY?
EDICA		B. PLACE OF INJURY (enthome, farm, factory, street, office b	g. in or 21c. WHE	PART I OR PART II RE DID (If in Baltimore City, g	
Μ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	DID INJURY OCCUR?	
	22. I hereby certify that I attended th	e deceased from Con and that death occur	\\\alpha \( \alpha \)	3, to Que 2 3, 195, , from the causes and on the	
	deceased alive on 2, 1953		3B. ADDRESS E	Mercent 1	23c. DATE SIGNED
	IA. BURIAL, CREMA- 248 DATE	24c. NAME OF CEMETER	RY OR CREMATORY	24D. LOCATION (Vity, town, o	r county) / (State)
	ATE RECEIVED BY   REGISTRAR'S SIGNAT	TURE	25 FUNERAL DIF	RECTOR	ADDRESS 202V
	AUG REGISTRAR	1/1 to a rotal	Halip He	pury Sons Onl	eans of
	VS 150		-	N	7/



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10	753	3	

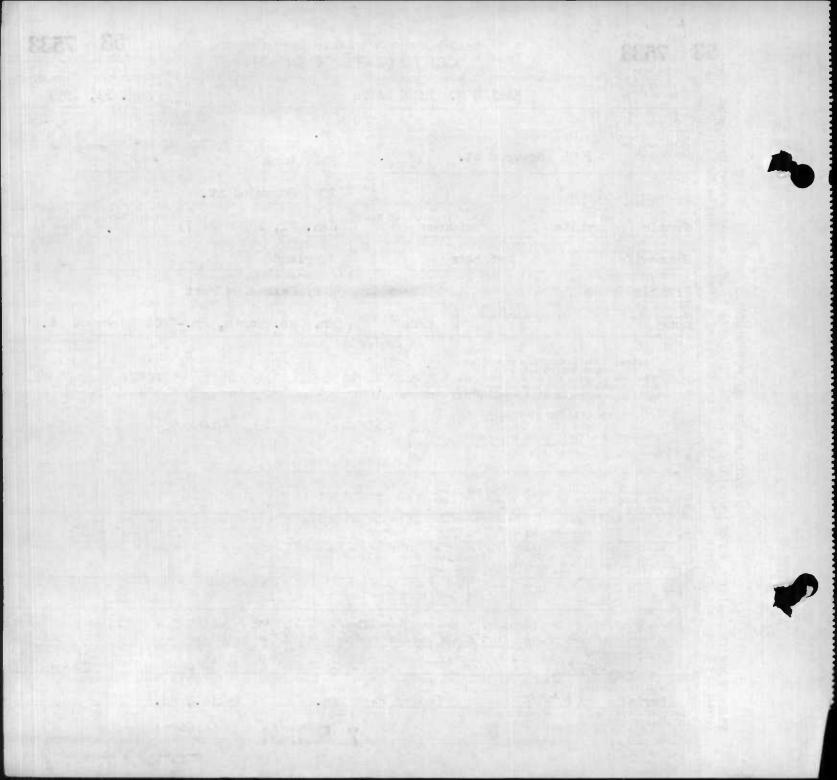
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7533
Registered No.

	BI	RTH NO.			CENTII ICATI	- OF DEA		
	1. (T:	NAME OF D	ECEASED M	ARION E	. HEINE BARTH		2. DATE OF DEATH Aug.	23, 1953
	A.		City, Maryland			4. USUAL RESI A. STATE Md.	IDENCE (Where deceased lived, If B. COUNTY	
	HC	FULL NAME SPITAL OR STITUTION	2004 Edgew		on, give street address or location)	c. CITY OR TOV Baltimore		s, write JUAN, and give township)
legibly	-	Yrs. Mos. Length of stay in Baltimore Days				2004 Edge	PRESS (If rural, give Meation)	
and I	5.	SEX	6. COLOR OR RACE	7. SINGLE WIDOW	, MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIR	RTH 9. AGE (in years   last birthday) Mc	f Under 1 Year   H Under 24 Hours Onths Days Hours Min.
Z.	10	emale  A. USUAL OC  doosduring most  DUSEWIFE	CUPATION (Give kied of of working life, even if retired)		OF BUSINESS OR INDUSTRY	Jan. 21, 11. BIRTHPLACE Maryland	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
death c	13	FATHER'S I	NAME		Many Cat	14. MOTHER'S	MAIDEN NAME Derine Fort	
causes of d	15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT		DDRESS gewood St.
ise write the	ERTIFICATION	(This does heart failt injury or DISEASE RISE TO 1 UNDERL'	SE OR CONDITION LEADING TO DEA' not mean the mode of tre, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	I'H  If dying, e. g  ns the disease eaused death.  SES  F ANY, GIVIN STATING TH  ST.  CONTRIBU	(C)	ebsthem levascu	archegiffardyns lar disease	2his chaut 5 ys
도	U	DISEASE C		iT.	TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER I	
portan	EDICAL	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF	about h	PLACE OF INJURY (ome, farm, factory, street, office	e. g., in or 21c. WH bldg., etc.) INJURY	HERE DID (If in Bultimore City, OCCUR?	give exact location)
Ily ım	Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour)   2	WHILE AT NOT WHILE WORK AT WORK	LET	W DID INJURY OCCUR?	(
correct age is especially important.	D	deceased a 23A. SIGNA 23A. BURIAL, DN. REMOVAL ( Burial ATE RECEIVE DCAL REGIST	CREMA- 24B. DATE Specify) 8/26/53	1937.	M. D. 24C. NAME OF CEMETE Loudon Park	erred at 12021 23B. ADDRESS 2 2 20 9 RY OR CREMATOR	Balto. Md.	23c. DATE SIGNED

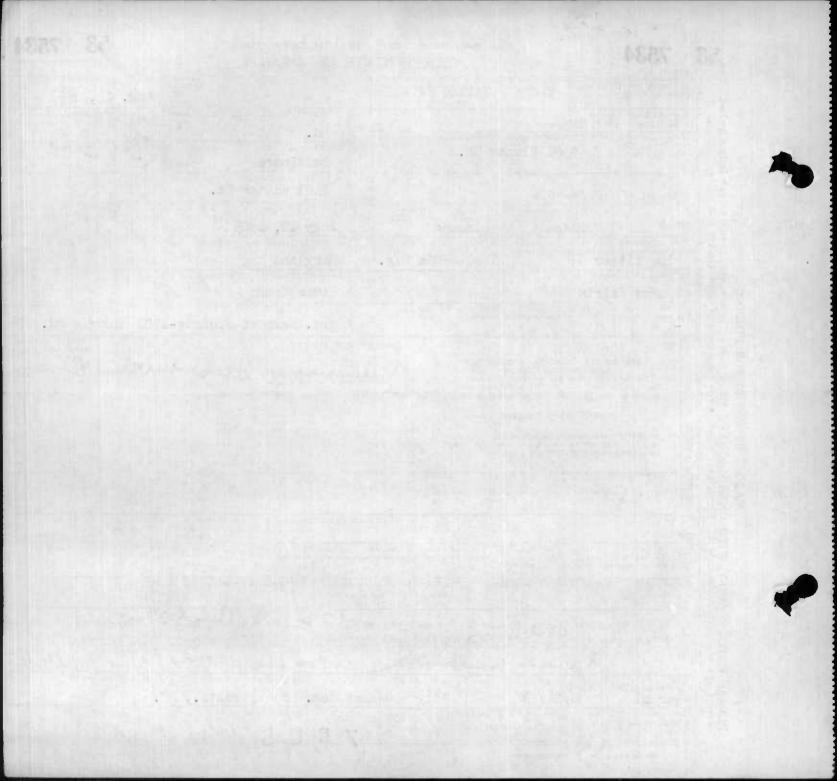
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Batto. 17, md.



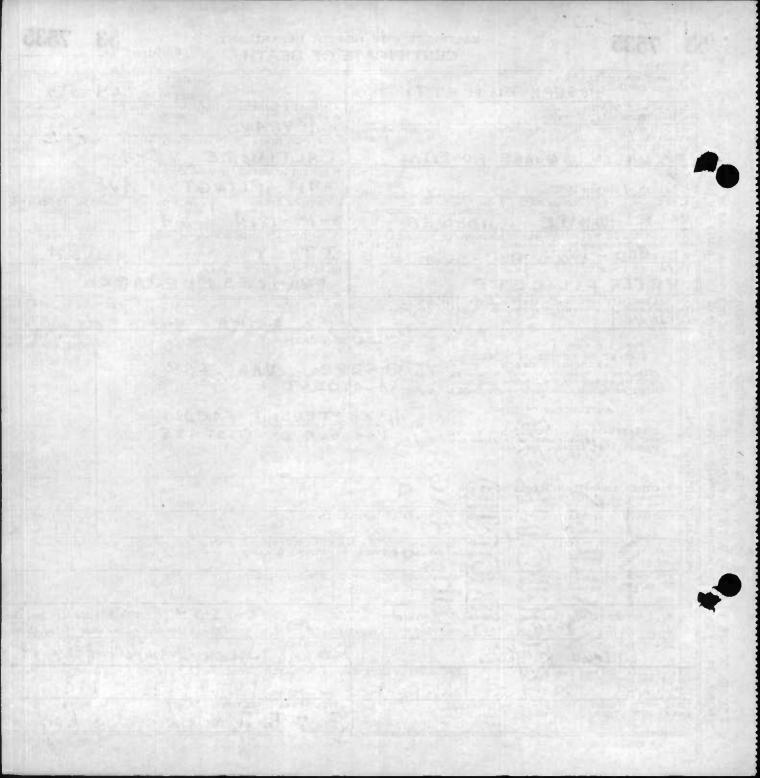
53 7534

BIRTH	NO.									
1. NAM (Type o	ME OF DEC or Print)	EASED THOMA	S CHARLES KA	AIRIS			DEATH		24, 19	
. Balt		ty, Maryland			A. STATE	SIDENCE (	Where deceased li B. COUN		stitution befo	residence ore admissio
10SPIT	L NAME OF TAL OR TUTION	F (If not in hospit 2401 Klc	tal or institution, give oman St.	street address or location)			f outside comporat	te invits,	write OU	Lal. and gi townshi
c. Len	gth of sta	y in Baltimore	L	Yrs. Mos. Days	D. STREET ADD 2401 Klo			ion)		
s.sex	6	color or RACE	7. SINGLE, MARR WIDOWED, DIV	RIED.	July 19,		9. AGE (In ye last birthda		nder l Year ths Days	If Under 24 Hea Hours: Mi
ork done	SUAL OCCU during most of w e fitte	UPATION (Give kind of working life, even if retired ET	Tool & Die	INESS OR INDUSTRY	11. BIRTHPLAC		oreign country)	1	12. CITIZ WHA	EN OF T COUNTR
	THER'S NA				14. MOTHER'S		IAME		ter :	
	mas Kai	LTIS EVER IN U.S. ARME	n	20.41	Anna Url					
Yes, no o	or unknown)	(If yes, give war or date	D FORCES? 16. SC es of service) SE	ECURITY NO.	Mrs. Her		ckels-130		dvale	Rd. #2
1	(This does n heart failure Injury or co	OR CONDITION EADING TO DEA not mean the mode a sathenia, etc. It mea complication which	TH of dying, e. g., ans the disease, caused death.)	(A) (Jul	OF DEATH	Je	freel	ia	2	year
ERTIFICATION	(This does in heart failure, Injury or continued in the Injury or continued in the Injury of the Inj	LEADING TO DEA tot mean the mode , asthenia, etc. It mes omplication which  NTECEDENT CAUS  OR CONDITIONS, 12 E ABOVE CAUSE (A) NG CONDITION L.  II IFICANT CONDITIONS DEATH BUT NOT	TH  or dying, e. g.,  ans the disease,  caused death.)  SES  IF ANY, GIVING  STATING THE  DU  AST.  CONTRIBUTING  RELATED TO THE	" (Jul	Luun,	Ju	freul	la	2	Year
CERTIFICATION	(This does in heart failure, Injury or continue of the Injury or continue of the Injury or continue of the Injury	LEADING TO DEA not mean the mode as the mode as the mode of the mo	TH  or dying, e. g.,  ans the disease,  caused death.)  SES  IF ANY, GIVING  STATING THE  DU  AST.  CONTRIBUTING  RELATED TO THE	(A)(B)(C)(C)	Luun,	CAUSE		ATED TO	20. A	UTOPSY?
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WEDICAL CERTIFICATION  AEDICAL  STATE  TOTAL  TOTAL	This does in heart failure, Injury or continued to the UNDERLYIN OTHER SIGNITO THE DISEASE OR A. DATE OF CONTRIBUATH (NOTIFE D. TIME (MINJURY)	LEADING TO DEA not mean the mode in asthenia, etc. It mere in the mode in asthenia, etc. It mere in the mode in asthenia, etc. It mere in the mode in	THOO THE DUTION FOR THE PROPERTY OF THE PROPER	OR WHICH OF TOURY OCCURRING NOT WHICH AT WORLD A	PERATION  (e.g., in or 21c. Will bldg., etc.) INJURY  ED 21f. HC	CAUSE PART I HERE DID Y OCCUR?	OF DEATH, EN OR PART II (If in Baltimore)  JURY OCCUR?	e City, g	20. A YES [ Sive exact	UTOPSY? No tocation)  last saw tated abo
WEDICAL CERTIFICATION  APPLICATION  APPLICATION  THE TOTAL COMMENT  THE TOTAL CHARACTER  THE	(This does in heart failure, Injury or continued in the control of the co	EADING TO DEA not mean the mode in asthenia, etc. It mere in asthenia, etc. It mere in mode in asthenia, etc. It mere in mode in asthenia, etc. It mere in mode in mod	THOO OF DEED TO THE GIT.  SECONTRIBUTING RELATED TO THE GIT.  SITE OF THE GIT.  SECONTRIBUTION FOR THE	OR WHICH OF CONTROL OF THE CONTROL O	PERATION  (e. g., in or 21c. William)  bldg, etc.) INJURY  ED 21f. HC	CAUSE PART I HERE DID Y OCCUR?  DW DID IN  93, to  _m., from	OF DEATH, EN OR PART II  (If in Baltimore)	e City, g	20. A yes sive exact	UTOPSY? No tocation)  last saw tated abo



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. 5	3	7535	BALTIMORE CITY HE CERTIFICATI		Registered No.	7535
. The	1.	NAME OF DECEASED .  'ype or Print' JOSEPH FIL	icetti		2. DATE OF DEATH 8-24	-63
supplied.		PLACE OF DEATH:	ICETTI	4. USUAL RESIDENCE (W)	here deceased lived. If instit	ution: residence
	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or i OSPITAL OR	nstitution, give street address or location)	MARYLAND	B. COUNTY	before admission)
ully	IN	STITUTION SQUARE		BALTIMORE	outside corporate limits, wri	tarRITRAL and give township)
legil	3	6	Yrs. Mos.	D. STREET ADDRESS (If re	ural, give location)	
be le		Length of stay in Baltimore  SEX   6.COLOR OR RACE   7.S	Days	8. DATE OF BIRTH	9. AGE (In years) It Under	
y and	_	ALE WHITE W	IDOWED, DIVORCED (Specify)	3-19-1884	last birthday) Months	Days Hours Min.
on shou	work	done during most of working life, even if retired)	KIND OF BUSINESS OR	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
ation th c		FATHER'S NAME		14. MOTHER'S MAIDEN NA		).s.A.
ormatic	1.5	PETER FILICET		FRANCES	DEMARCA	3
f info es of	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FOR: a, no or unknown) JKWWW	vice) 16. SOCIAL SECURITY NO.	MRS. EMMA	Pegora - K	TYLINGTON
em of i		18. 443X	CAUSE	OF DEATH		NTERVAL BETWEEN
y ite	3	DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyn		BRAL VASCU	LAR	
Every item of information should write the causes of death clearly ar		heart failure, asthenia, etc. It means the injury or complication which caused	disease,			***************************************
• 0)	z	- ANTECEDENT CAUSES	(B) HYPE	RTENSIVE CAL	RDIO	
	CATIO	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ING THE DUE TO VAS	CULAR DISE	EASE	
ADI	RTIFIC	n	(c)			
UNFADINC Physicians:	ы	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED			
Pred .	LC		AJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
LY, WITH important.	DICA		B. PLACE OF INJURY (e. g., ic		in Baltimore City, give e	xact location)
Y, mpo	ME		t home, farm, factory, street, office bldg., e			
2		21D. TIME (Month) (Day) (Year) (House OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	OCCURY	
PL		22. I hereby certify that I attende	d the deceased from 8-	6 1953, to 8-	-24 , 1953 the	at I last saw the
ITE		deceased alive on 8-24 1,19		red at 5:45 Am., from the	e causes and on the da	te stated above.
age is		Untario L. Pleas	Л м. р.	tracellik Square	e trospeter i	8-24-55
PLEASE WRITE P	THE	AA. BURIAL, CREMA 24B. DATE		RY OR CREMATORY LAD LO	CATION (Pity, town, or co	(State)
orre		ATE RECEIVED BY REGISTRAR'S SIG		25-FUNERAL DIRECTOR	) / ADE	DRE6\$
Ho	1	116241931 Thertings	on literation by	femare & a	uck 5305	Harford
		VS 150	19	06A ()		
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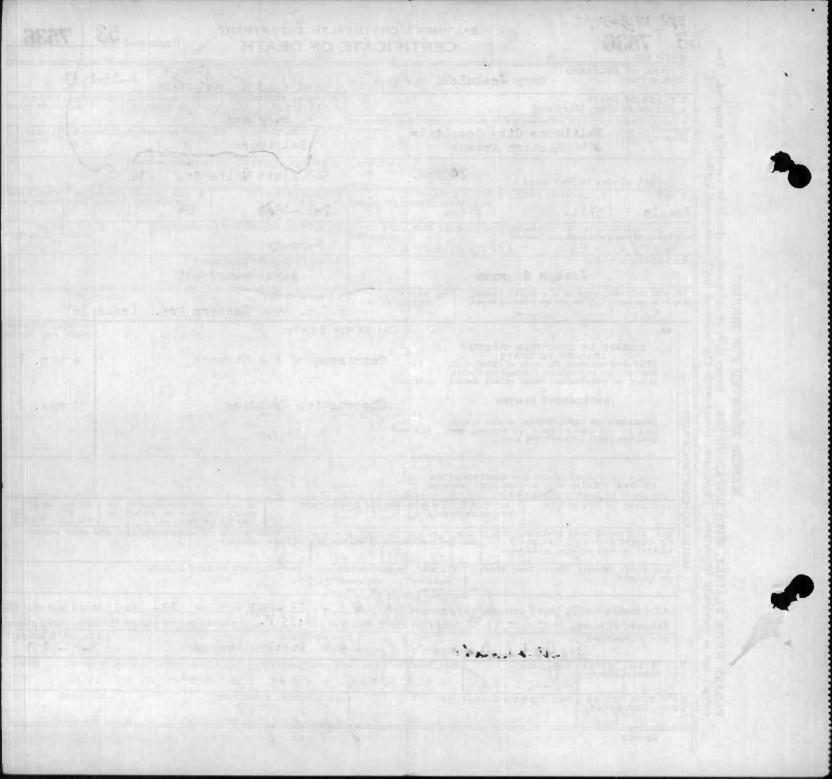
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### BALTIMORE CITY HEALTH DEPARTMENT

egistered	53	7536
egistered	No.	1000

B. FULL NAME	EATH: City, Maryland OF (If not in hospit	Jeskulski (pr) Man	A. USUAL RES	IDENCE (Wilere deceased lived, If in B. COUNTY  yland	stitution: residence before admission)
HOSPITAL OR INSTITUTION	Baltimore C: 4940 Easter	ity Hospitals location) n Avenue	c. CITY OR TO	WN (If outside combrate limits more	write RUR AL and give township)
	tay in Baltimore	76 yrs. Yrs. Mos. Days	508 Sout	h Wolfe St. #31	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WILOW	7-10-186	8 birthday) Mont	der I Year If Under 24 Heurs Ins Days Hours Min.
Work done during most	CUPATION (Give kind of of working life, even if retired) WORK		Germany		2. CITIZEN OF WHAT COUNTRY?
Joseph Sporney		14. MOTHER'S MAIDEN NAME Anna Lewandoski			
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT B.C.H. 494		oress
(This does heart failt in jury or DISEASE	SE OR CONDITION LEADING TO DEA's not mean the mode of nre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ans the disease, eaused death.)  DUE TO  SES  Obst: (B)  FANY, GIVING STATING THE DUE TO	inoma of th		6 mos. ?
<u>                                     </u>		The transfer of the same of th			
TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING	RELATED TO THE			
DISEASE OF	DEATH BUT NOT DE CONDITION CAUSING	RELATED TO THE 3 IT		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
DISEASE OF THE PROPERTY OF CONTRIL DEATH (NO.	ENT WAS UNDERLY BUTING CAUSE  CF OPERATION 1 V  ENT WAS UNDERLY BUTING CAUSE OF	RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH OF WAS PERFORMED  ING 21B. PLACE OF INJURY ( about home, farm, factory, at reel, office	(e. g., in or 21C. Whebldg., etc.)	CAUSE OF DEATH, ENTER IN PART I OR PART II HERE DID (If in Baltimore City, gi	YES NO
DISEASE OF THE PROPERTY OF CONTRIL DEATH (NO.	BNIFICANT CONDITIONS DEATH BUT NOT DE CONDITION CAUSING DE OPERATION 1 V ENT WAS UNDERLY BUTING CAUSE OF	RELATED TO THE 3 IT. 9B. CONDITION FOR WHICH OF WAS PERFORMED  ING 21B. PLACE OF INJURY ( about home, farm, factory, at reel, office	(e.g., in or 21c. Whe bldg., etc.) INJURY	PART I OR PART II HERE DID (If in Baltimore City, go	YES NO
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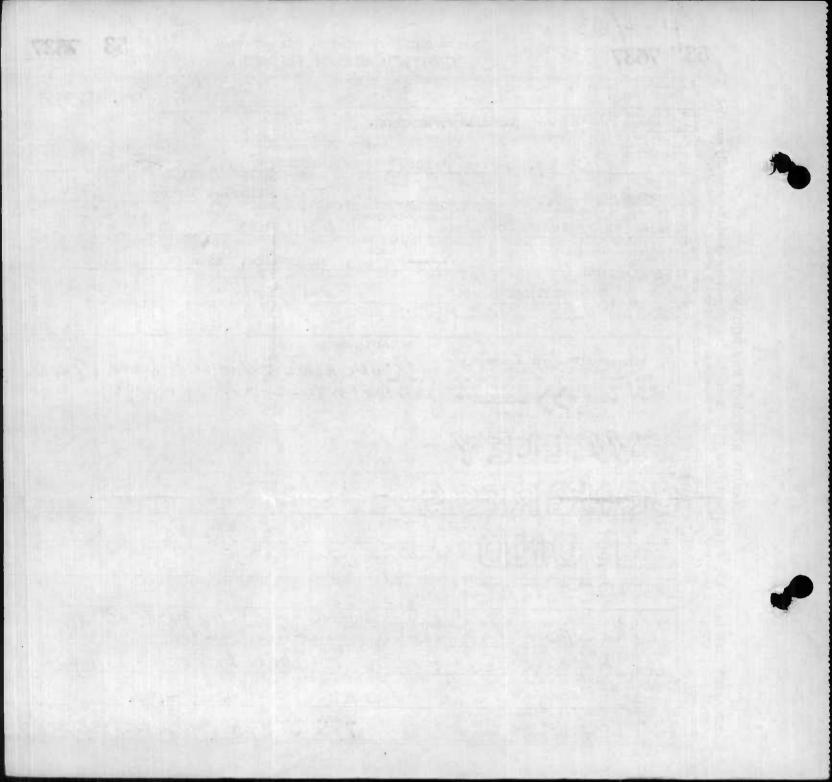


# BALTIMORE CITY HEALTH DEPARTMENT

53 7527

BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	700
1. NAME OF (Type or Prin		F. Healy		2. DATE OF DEATH Aug.	22, 195
3. PLACE OF	DEATH:	Baltimore, Maryland.	4. USUAL RESIDENCE	Where deceased lived, If ins	
B. FULL NAM	E OF (If not in hospi	tal or institution, give street address o	Maryland		
HOSPITAL C	1	location	C. CITT ON TOWN	If outside corporate limits, y	rite AURAI
Ma	3700 N. C	Charles Street	Baltimore	f rural, rive location)	
- Yometh o	s atom in Doltingon	Mos.	2700 N Chaml		
5. SEX	f stay in Baltimore 6. COLOR OR RACE	Days 7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   II Und	les 1 Year   If Un
Female	White	WIDOWED, DIVORCED (Specify Married	June 7, 1883	last birthday) Month	ns Days Hot
10A. USUAL	OCCUPATION (Give kind of opt of working life, even if retired	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)   12	CITIZEN WHAT CO
None			Clarksville, To	exas	WHATCO
13, FATHER	NAME		14. MOTHER'S MAIDEN	NAME	
		n Fassett	Emma Kelly		
15. WAS DECK (Yes, no or unkno	ASED EVER IN U, S. ARME	D FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
			Rev. Austin L.	Healy 4103 Old	York H
RISE T	SES OR CONDITIONS, O THE ABOVE CAUSE (A) RLYING CONDITION L	STATING THE DUE TO			
OTHER TO TI	II SIGNIFICANT CONDITIONS IE DEATH BUT NOT E OR CONDITION CAUSIN	RELATED TO THE			
	OF OPERATION	19B. CONDITION FOR WHICH C WAS PERFORMED	CAUSE PART I	RATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	YES
OR CONT	IDENT WAS UNDERLY RIBUTING☐ CAUSE O NOTIFY MEDICAL EXAMIN	F about home, farm, factory, street, office	(e. g., in or 21C. WHERE DID cobldg., etc.)	(If in Baltimore City, gi	ve exact loc
21D. TIME	(37 (3) (3) ) (37	) (Hour)   21E. INJURY OCCURE		NJURY OCCUR?	
	(Month) (Day) (Year	m. WHILE AT NOT WE WORK AT WO			
22. I hc	ceha contifer that I at	m. WORK AT WO	oreh 19.13 to 1	94945/ 1NB	that I last
22. I hc	ceha contifer that I at	m. WORK AT WO	oreh 19.13 to 1	the causes and on the	date state
deccase	reby certify that I at	tended the deceased from MC., 19 and that death occur	greh 19.13, to 1 wred at Pr. m., from  23B. ADDRESS  TO Sherick	the causes and on the	date state 23c. DATE 1949, 24
deccase	reby certify that I at	ttended the deceased from 4000, 19√3, and that death occur	preh 19-13, to 1 nrred at Pr. m., from 23B. ADDRESS TO SHE F. OF TERY OR CREMATORY 24D.	the causes and on the	date state 23c. DATE 1949, 24

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	Y, WITH UNFADING INK. Every item of information should be c	rtant.
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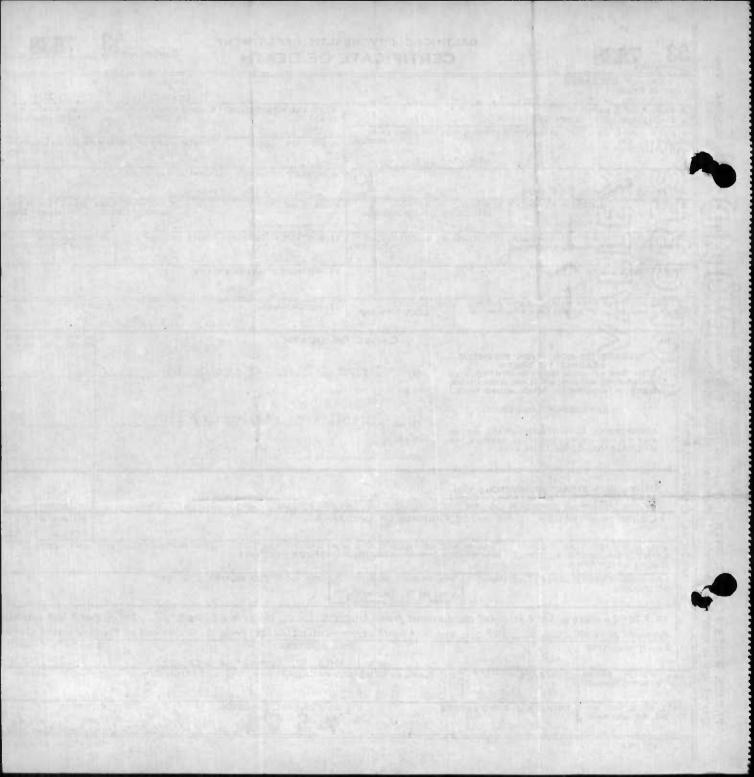
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5	3 RTH	NO	75	38	
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7538
Registered No	7000

01	KIH NO.						
1. (T	NAME OF D ype or Print)		lar Ioo	onh Mantin		2. DATE OF OF	ust 22. 1953
	PLACE OF D	EATH: City, Maryland	14. 008	eph Martin	4. USUAL RESIDENCE	E (Where dcceased lived B. COUNTY	. If institution : residence
В.	FULL NAME		tal or institut	tion, give street address or	Maryland		
H	STITUTION			location)	C. CITY OR TOWN	(If outside corporate li	mits write RURAL and give township)
1/-		St.	Joseph	's Hospital	Baltimore	9-	00
				Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
c.	Length of s	tay in Baltimore		Days	2002 Boone	Street	
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years	If Under 1 Year If Under 24 Hours Months: Days Hours Min.
	Male	White	2.5	rried		68	Months Days Hours Min.
10		CUPATION (Give kinde		O OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF
worl	done during most	of working life, eveo if retired	)	INDUSTRY			WHAT COUNTRY?
12	Secreta	ry		Commission of	Maryland		
13	. FAIHER S P	NAME	Mar	yland	14. MOTHER'S MAIDE	IN NAME	
	Martin				Maria Bodki	n	
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	a no or annountly	(11 801) 6110 11 11 11		SECORITI NO.	Mrs. Clara	Kelly 2002 Bo	oone St.
	18. 2.2	1 4		CALISE	OF DEATH		INTERVAL BETWEEN
	221	X 1		CAUSE	OF DEATH		ONSET AND DEATH
		E OR CONDITION	TH	Compl		and don't	
	(This does	not mean the mode are, asthenia, etc. It me	of dying, e. :	E., (A)VELEL	ral vascular a	rccrdent	
	injury or	complication which	caused dcath	.) OUE TO			
		ANTECEDENT CAU	SES				
z	NE SELECTION				alized arterio	sclerosis	
0	DISEASES	S OR CONDITIONS,	IF ANY, GIVIN	NG HE DUE TO			
AT		ING CONDITION L					
<u>U</u>		H-11-11-11-11-11-11-11-11-11-11-11-11-11	ALC: NO	(C)	***************************************		***************************************
ERTIFICATION		11					
œ		IGNIFICANT COND					3
U		ISEASE OR CONDITIO					
J	19A. DATE C	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
K						A STATE OF THE STA	YES NO X
EDICAL		ENT WAS UNDER-		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	o or 21c. WHERE DID	(If in Baltimore Cit	y, give exact location)
	CAUSE OF		12000	Taring and Just conform of Druggi	Majori Cocort		
Σ		(Month) (Day) (Year	(Hour)	21E, INJURY OCCURR	ED 21F. HOW DID IN	JURY OCCUR?	
11	OF INJURY			WHILE AT NOT WHILE			
ń			m.	WORK AT WORK			
	22. I hereb	y certify that I at	tended the	deceased from Aug	ust 22, 1953, t	o August 22 , 19	53 that I last saw the
	dcceased a	live on August	2219 53.			om the causes and or	n the date stated above.
	23A. SIGNA			) 2	38. ADDRESS		23c. DATE SIGNED
			omo 1	м. о.	1400 N. Caroli	ne Street	Aug. 22.1953
2	AA. BURIAL.	CREMA- 248, DATE		24c. NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, to	wn, or county) (State)
	Burial	8/25/	53	New Cathedra	1	Baltimore, Md.	
	ATE RECEIVE		'S SIGNATI		25. FUNERAL DIREC		ADDRESS
-	DCAL REGIST	RAR	Thin G	The Bury of	The TITOMO	La gent Bon 5	-60 the last that
	Allin Colon	CONTRACTOR OF THE PERSON OF TH	1 m	Not the second s	Me. DO. YVILLU	JOS "4 X JOHL 80;	III. CHEWELL

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Mrs. M. C. Malloy 914 Regester Ave. INTERVAL BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease Generalized arteriosclerosis 20. AUTOPSY (If in Baltimore City, give exact location) 23c. DATE SIGNED 1400 N. Caroline Street 24c. NAME OF CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) Marv's Govans 25 FUNERAL DIRECTOR ADDRESS

Registered No. 7539

If Under 1 Year

ADDRESS

Months: Days Hours: Min.

12. CITIZEN OF

WHAT COUNTRY?

before admission)

township)

espec PLEASE WRITE correct age is espe

The

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

Burial

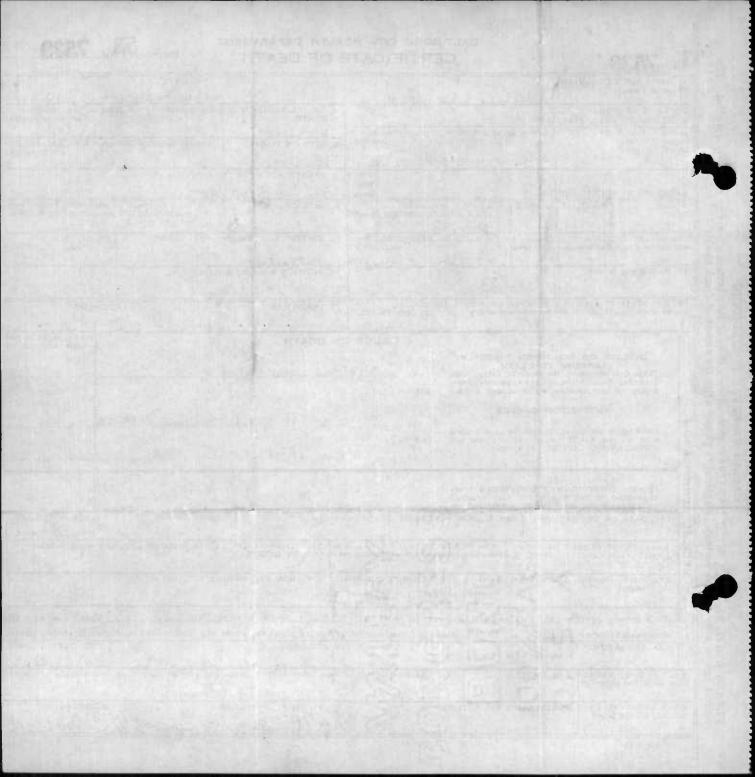
23A. SIGNATURE

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

Carlos Youns

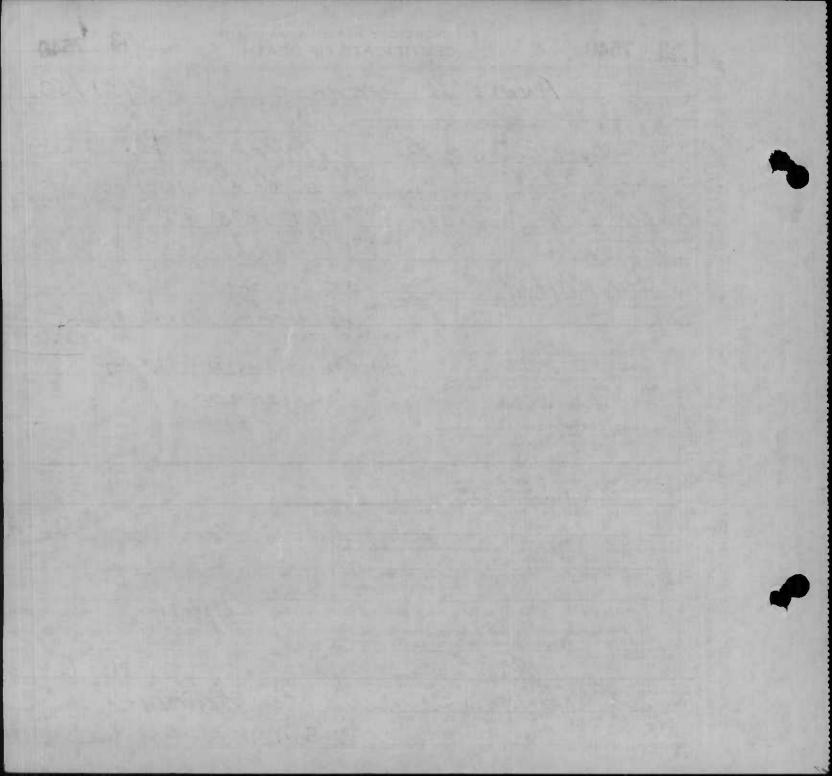
may La

REGISTRAR'S SIGNATURE



ø	53 7540	CERTIFICATE		Registered 30_	7540
The	1. NAME OF DECEASED (Type or Print)	E B STEI	WART	OF DEATH 8/2/	1/53
supplied	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Whe		tution : residence before admission)
	B. FULL NAME OF (If not in hospital or INSTITUTION	r institution, give street address or location)	c. CITY OR TOWN (If ou	side corporate limits w	the RERAL and give township)
carefully egibly.	Tough of star in Boltimus	Yrs. Mos.	D. STREET ADDRESS (If run	al, give location)	54
ld be carefu and legibly.	c. Length of stay in Baltimore"  5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	. AGE (In years   Under last birthday)   Wonths	I Year   fl Under 24 Hours
should	TEMOLE COL.  10A. USUAL OCCUPATION (Givekind of 10)	Widow	11. BIRTHPLACE (State or forei	68	CITIZEN OF
n she	work done during most of working life, even if retired)	INDUSTRY	Clixton &	se.	K.S.a.
natio ath	13/FATHER'S NAME WILSON		14. MOTHER'S MAIDEN NAM	E	
BINDING of information should uses of death clearly a	15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or onknown) (If yes, give war or dates of a	ORCES? 16. SOCIAL SECURITY NO.	Bellah Was	ADDR	ess willow At
BI of iuse	18.420.0	CAUSE O	F DEATH		INTERVAL SETWEEN
FOR y item	DISEASE OR CONDITION DIF LEADING TO DEATH (This does not mean the mode of d	YECTLY ying, e.g., (A) ARTER	RIOSCLE ROTIC	HEART	
27	heart failure, asthenia, etc. It means t injury or complication which caus	me disease,	DISEASE		***************************************
111	ANTECEDENT CAUSES	(B)	DISEASE		
	DISEASES OR CONDITIONS, IF AN ON THE PROPERTY OF A PROPERTY OF A PARTY OF A P	ATING THE DUE TO			
RGIN ADING icians:	II II	(C)			***************************************
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CA	T RELATED			
Ht .		MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
ILY, WITH		21B. PLACE OF INJURY (e.g., in coout home, farm, factory, atreet, office bldg., etc		n Baltimore City, give	exact location)
Z	Z 21D. TIME (Month) (Day) (Year) (Ho	m. WHILE AT NOT WHILE MORK AT WORK	2 1F. HOW DID INJURY C	CCUR?	
PLAI] ecially	22. I certify that I took charge		Autonsy Ins	nection or Inquiry	nercon and from
WRITE e is esp	and death in my opinion res	id Autopsy, Inspection or In sulted from: natural causes	X, accident [], suicide []	, homicide [], unde	termined [].
0.0	23a. SIGNATURE	Strole M.D		AMINER	2/53
PLEASE correct a	24 BURIAL CREMA- 24B. LATE TIGH REMOVAL (Specify)	24C. NAME OF CEMETER	Y OR CREMATORY 24D. 100	ATION (City, town, or ex	S.C.1
PL	DATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	10: 10	DRESS 322/

V S 151



## CERTIFICATE AMENDED

CERTIFICATE OF DEATH

25. FUNERAL

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7

23c. DATE SIGNED

VES X

township)

1. NAME OF DECEASED (Type or Print) 2. DATE Alice Jackson supplied. DEATH Aug. 21, 1953 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR Baltimore City Hospitals e carefully legibly. (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION 4940 Eastern, Ave Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Lifa 1724 Thomas, Ave c. Length of stay in Baltimore Dave should be 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Female Negro Married Oet. 17, 1914 information shous s of death clearly 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Housewite Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry J ones Henrietta 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. B. C. H. 4940 Eastern. Ave causes of Every item write the cau 18.002 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Disseminated Tuberculosis heart failure, asthenia, etc. It means the disease. Pul. Tbc - far adv - bilat - act injury or complication which caused death.) ANTECEDENT CAUSES INK. Aspiration Pneumonia RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ш DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART 1 OR PART II 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! especially WORK AT WORK \_, 1953, to 8-21, 1 \_, 19 53 that I last saw the 22. I hereby certify that I attended the deceased from. 8-14 WRITE 19 53, and that death occurred at 10 p.m., from the causes and on the date stated above. 8-21 deceased alive on 23A. SIGNATURE 23B. ADDRESS 2 4940 Eastern, Ave Balto. Md age 24A. BURIAL, CREMA-248. DATE

RESERVED PLEASE correct

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

#00770
Info from CD Report Card dated July 2, 1953 Dr. Quiar bar, Fran lin Square Hospital DE CIPI OL 197 Media Inuncessi Distriction of the TATESHIE HOMONOON AS ALLINE MTARO DE CATOLES STREET, WORD BY THE TRACE OF THE BRY MY CHEALDS YOU TUD REASO BRY OF THE SOUTHER FOR WHICH DIRECTION OF THE TANK OF THE WAS ALLE OF Arrely certify that I affected the decorated love. All man tent tracks plant to the first the fir real facility of the one, more is the party

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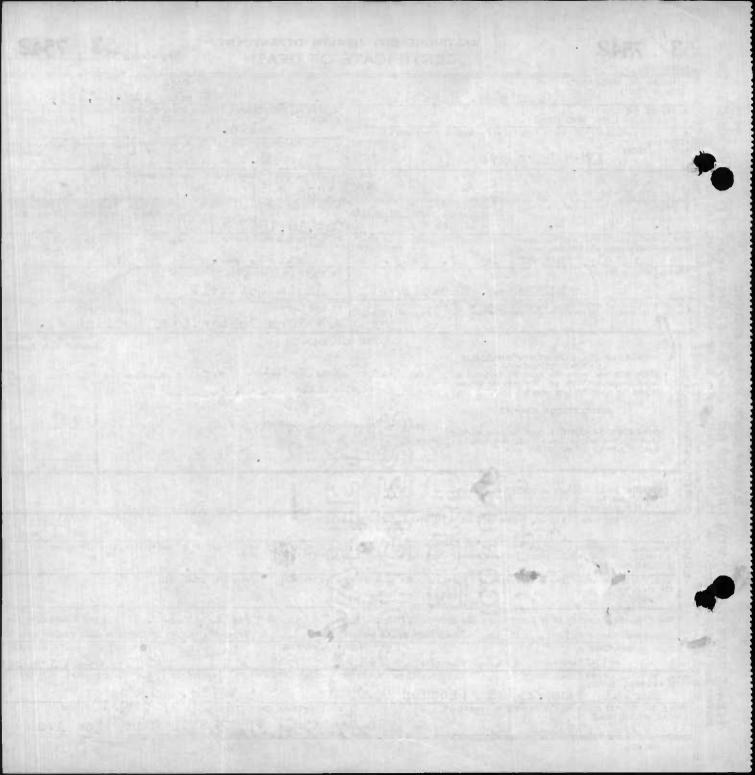
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 23 7542

Edmondson Ave

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH Aug. 22.1953 Bessie M. Haskell 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Balto. (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RUIA), and give C. CITY OR TOWN INSTITUTION 1700 Park Ave Yrs. D. STREET ADDRESS (If rural, give location Mos. Life 708 Hollins c. Length of stay in Baltimore St. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year Single (Specify) last birthday) Months Days Hours Min. Oct.19.1877 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even lfretired) WHAT COUNTRY? School Teacher Balto. Md. Balto. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Haskell Annie Baitzell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Mrs Edna Bolton. 1708 Hollins St. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL YES 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER 21c. WHERE DID (If in Baltimore City, give exact location) LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from Nov. 11, 194, to Aug. 22, 1953that I last saw the deccased alive on Avg. 21, 19 5 3 and that death occurred at\_ m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED C. Stole 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY 24D (CATION (City, town, or county) Burial Aug. 25/53 Loudon Park Balto. Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR AODRESS LOCAL REGISTRAR

VS 150

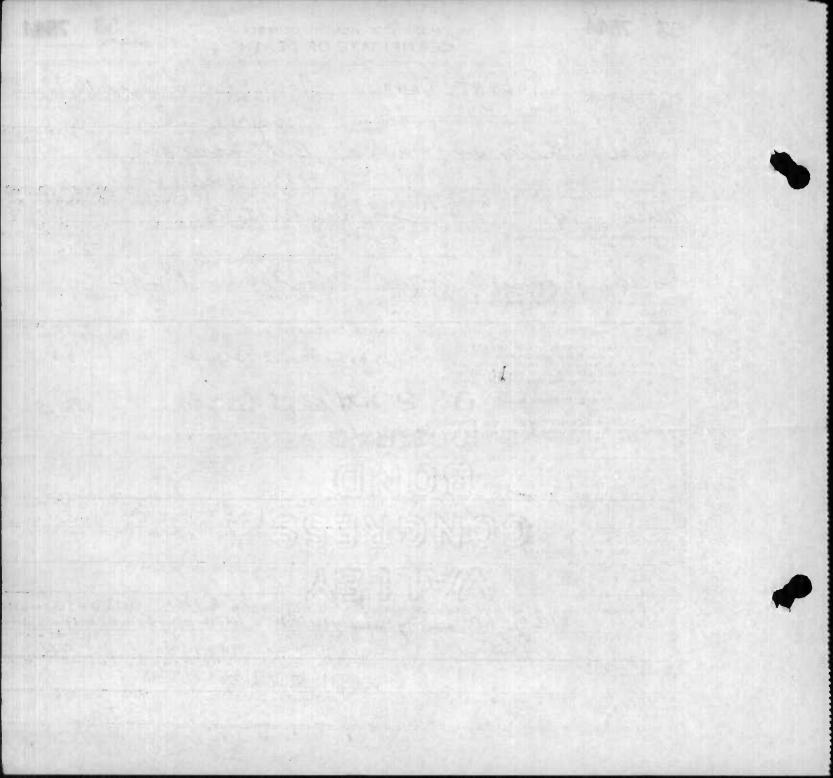


The	BI	DA 7543  BALTIMORE CITY HE CERTIFICATION		7543
10 20 00		NAME OF DECEASED  TO SEPH DE ITZ	2. DATE OF DEATH AUSO	5723.1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins A. STATE B. COUNTY	stitution: residence before admission)
illy su	H	FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR location)  MERCY HOSPITAL	C. CITY OR TOWN (If outside corporate limits,	write RURAL and give township)
		Yrs.	D. STREET ADDRESS (If rural, give location)	
be d		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE (In years)    Un	der I Year   If Under 24 Hours
ld		MALE WHITE MAKRIED (Specify)	9/17/00   last birthday) Month	hs Days Hours Min.
shou	worl	A. USUAL OCCUPATION (Give kind of k dnnedurlog most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY		2. CITIZEN OF WHAT COUNTRY?
zion h cle		FEET METAL WORKER METAL	14. MOTHER'S MAIDEN NAME	U.S. A.
NG rmatic death		TAMES DEITT	CHRISTIANA MILLER	
BINDING of information uses of death cl	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  s, no or uokoown) (If yes, give war or dates of service) SECURITY NO.		PRESS
R BIN		UNK	WIFE SEE	ABOVE
R em cat		18. 445 X CAUSE C	OF DEATH	ONSET AND DEATH
中中		LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) URE	4.0	ZDAYS
Every write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
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RESERVED INK. Ever	O.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	XIII (T) (E) (E) V S (S (V	
NG NG S: P	CAT	UNDERLYING CONDITION LAST.		***
MARGIN NFADING nysicians:	LIFIC	10-1		
MARGIN H UNFADING Physicians: p	ERI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
-	U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
WITH rtant.	CAL			YES NO
Y, WITH	/EDI	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c  CAUSE OF DEATH		e exact location)
	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI		
LA	4	m. WHILE AT NOT WHILE AT WORK		112
E P		22. I hereby certify that I attended the deceased from deceased alive on \$123, 19.3, and that death occur	120, 1953, to 8/23, 1953,	that I last saw the
RIT is e		23A. SIGNATURE	38. ADDRESS	23c. DATE SIGNED
ge W	2	44. BURIÁL CREMA- 248. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or	8/23/53 county) (State)
PLEASE WRITE correct age is es	TIC	AA. BURIAL CREMA- 246 DATE 24c. NAME OF CEMETE	V _ 5.	(State)
LE/	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS
A 2		1 9 5 5 6 P. 7	work the hours Edmonds	on Ave.
	1	Vs 150	9035	



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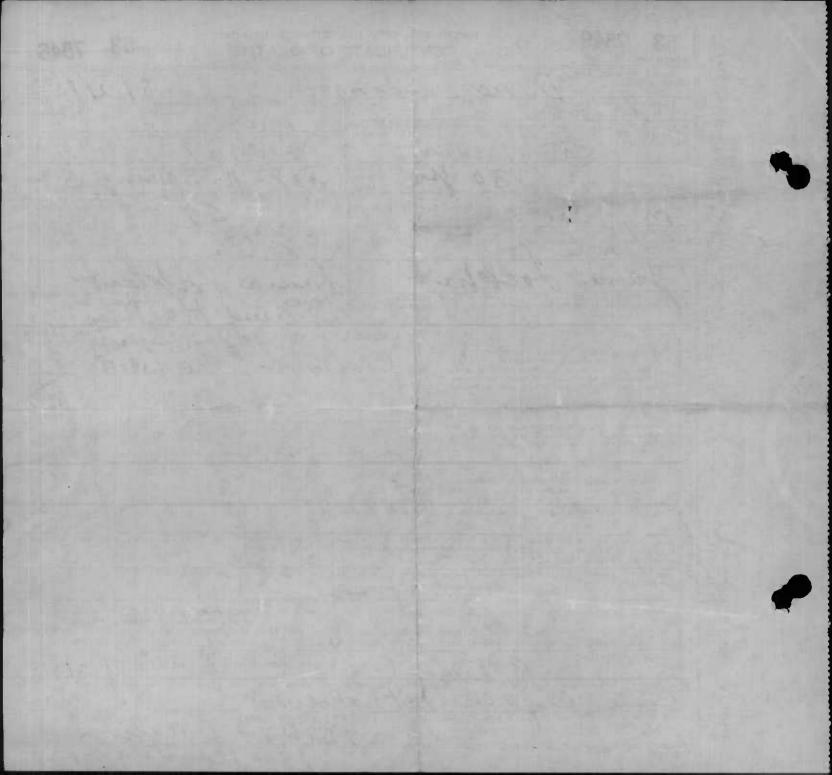
5	3 17544 BALTIMORE CITY HEALTH	
BII	RTH NO. 53-19070 CERTIFICATE OF	F DEATH Registered No.
(T)		Hess DEATH Quay. 16 1953 SUAL RESIDENCE (Where deceased lived I institution: residence
B. 1	Baltimore City, Maryland  A. STI  FULL NAME OF (If not in hospital or institution, give street address or	maruland
	STITUTION C. CIT	Baltimore 25 2 Supra township
to	Length of stay in Baltimore  Yrs.  Mos. Days  4	REET ADDRESS (If rurai, give location)
		TE OF BIRTH  9. AGE (In years last birthday)  Months: Days Hours Min  18 15
10 work	A. USUAL OCCUPATION (Give hind of done during most of working life, even if retired)  A. USUAL OCCUPATION (Give hind of log. KIND OF BUSINESS OR INDUSTRY)	RTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME  Amald Messeth Hess Ma	other's Maiden NAME
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NEORMANT ADDRESS
Z	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	earth  anjed Injury  18h 15 m.  18h 15 m.
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST,  (C)	
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL C	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	PART I OR PART II
EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. g., in or CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
ш		21F. HOW DID INJURY OCCUR?
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED  OF INJURY  D. WHILE AT WORK AT WORK	
ME	of injury  while at work  22. I hereby certify that I attended the deceased from 8/15	t 10.30 Pm., from the causes and on the date stated above
ME	of INJURY  while AT work  22. I hereby certify that I attended the deceased from 8/15  deceased alive on 8/16/, 1951, and that death occurred at  23A. SIGNATURE    23B. AD	t 10.30 Pm., from the causes and on the date stated above DDRESS  THE PITCH SPITAL SPITAL SPITAL SIGNED TO STATE SIGNED S
Σ	of INJURY  while AT work  22. I hereby certify that I attended the deceased from 8/15  deceased alive on 8/16/, 1951, and that death occurred at  23A. SIGNATURE  23B. AD  W.D.  24C. NAME OF CEMETERY OR	chess  The second of the date stated above the courses and on the date stated above the course and on the date stated above the course of the
2. TIO	22. I hereby certify that I attended the deceased from 8/15  deceased alive on 8/16/, 1951, and that death occurred at  23A. SIGNATURE  23B. AD  4A. BURIAL, CREMA- DN. REMOVAL (Specify)  WHILE AT WORK  10 AT WORK  24C. NAME of CEMETERY OR CONTROL OF CE	chess  The second of the date stated above the courses and on the date stated above the course and on the date stated above the course of the



53 TRAS

22 1940	CF	RTIFICATE	OF DEATH	Registered No.	1040
BIRTH NO.	CL	KIIIICAIL	OF DEATH		
1. NAME OF DECEASED (Type or Print) Juseph	Mortillaro			2. DATE OF DEATH AU9. 2	2 1953
3. PLACE OF DEATH:  A. Baltimore City, Marylan			. USUAL RESIDENCE (W)		titution : residence before admission)
B. FULL NAME OF (If not in	n hospital or institution, g	give street address or	Maryland		
HOSPITAL OR INSTITUTION	1.16 17	location)	CITY OR TOWN (If o	outside corporate limits, w	vrite RURAL and give township)
00 1516 M	edford 1	d.	BALTIMORE	1-0	
c. Length of stay in Baltim		Mos.	1516 Medfor	d Rd	
5. SEX 6. COLOR OR	WIDOWED, I	DIVORCED (Specify)	UA. 15 1869	9. AGE (In years I Und last birthday) Month	Bays Hours Min.
10A. USUAL OCCUPATION (GIV	vekindof 10B. KIND OF		1. BHTHPLACE (State or for	eign country)   12	CITIZEN OF
work done during most of working life, even i	ifretired) Rota	INDUSTRY	Italy	)	WHAT COUNTRY?
13. FATHER'S NAME	1110141.1	1.	4. MOTHER'S MAIDEN NA	ME 1 C	v, J.
Louis Mont	Illand		Rosa Cari	00 10	
15. WAS DECEASED EVER IN U.S.	ARMED FORCES?   16.	SOCIAL 1	7. INFORMANT	12,9918	RESS -
(Yes, ao or unknown) (If yes, give wa	ar or dates of service)	4-14-9304 M	15. Rose Barile	1516 Medf	ord Rd
18. 420.1		CAUSE OF	DEATH	9	ONSET AND DEATH
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(This does not mean the heart failure, asthenia, etc. injury or complication v	. It means the disease.	(A)		on	
ANTECEDENT			1 + 01	1/ / 2	2
	CAUSES	(B) Aplerios	cleroTic Cardio	- Vouscular Visac	10
O DISEASES OR CONDITION FINE TO THE ABOVE CAUSE UNDERLYING CONDITION U		DUE TO			
UNDERLYING CONDITI		(C)			
OTHER SIGNIFICANT TRIBUTING TO THE DEATH OTHER DISEASE OR CON					
TRIBUTING TO THE DEATH					
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LYING OR CONTRIBUT	ING   about nome, rarm, ra	actory,street,office bldg.,etc.)	INJURY OCCUR?		
21D. TIME (Month) (Day) OF INJURY	(Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
OF INSURT	m. WHILE				
22. I hereby certify tha		A	10. 7 1953 to A	vo. 22, 1953, t	hat I last sam the
deceased alive on Ave	19 19 and	that death occurre	d at 12:30 f.m., from th	e causes and on the	date stated above.
23A. SIGNATURE	111. 3		ADDRESS Harford		3c. DATE SIGNED
24A. BURIAL, CREMA- 24B. D	DATE 24c.	NAME OF CEMETERY	OR CREMATORY   24D. LO	CATION (City, town, or	county) (State)
Bur 19	26 1953 Most	Holy Redee	men Balt	imore	V
DATE RECEIVED BY REGIS	TRAR'S SIGNATURE		FUNERAL DIRECTOR		DDRESS
	T colleges To the second	Ph. Chian	1 4		

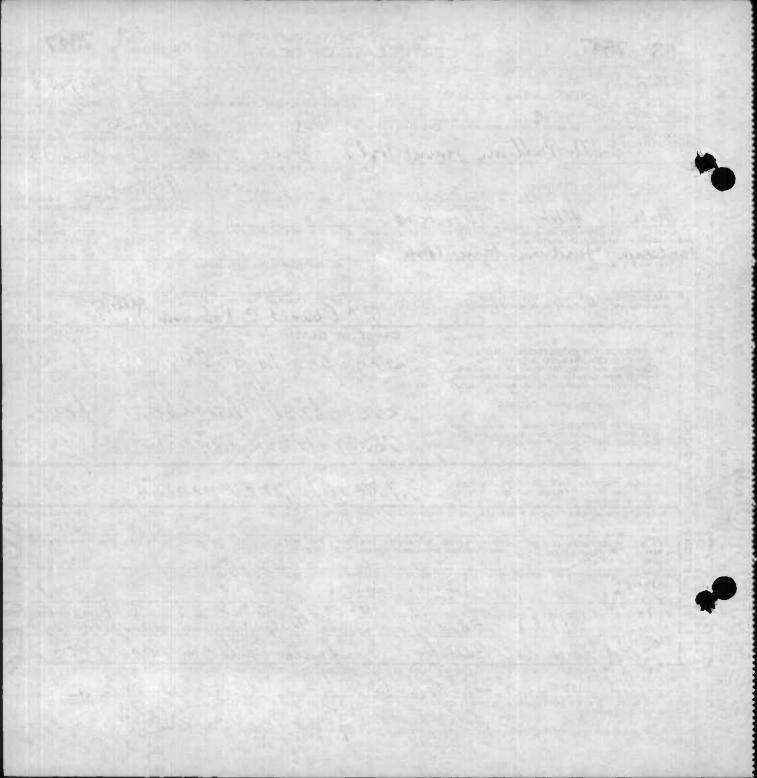
53 7546				
	BALTIMORE CITY HEA CERTIFICATE		Registered 30_	TRAC
BIRTH NO.	CERTIFICATE	OF DEATH	register a to	7040
1. NAME OF DECEASED (Type or Print)	LOCKHE	IRT	OF DEATH 8/2	1153
A. Baltimore City, Maryland	11 .	4. USUAL RESIDENCE (Wh	ere deceased lived, if insti B. COUNTY	tution : residence before admiss
HOSPITAL OR	titution, give street address or location)	C. CITY OR TOWN (If or	utside corporate limits, wr	eita RIII AT and
INSTITUTION CITY MO	RGUE	BA216	. 10-	O 2 towns
c. Length of stay in Baltimore 30	y y Yrs. Mos. Days	STRET ADDRESS (If ru	Spring	SX
5. SEX   6. COLOR OR RACE   7. SIN		DATE OF BIRTH	9. AGE (In years   Vinder   Months	l Year   It Under 24   Days Hours N
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work done during messal working life, even if retired)	INDUSTRY	2000		WHAT COUNT
13. FATHER'S NAME	hast 1	4. NOTHER'S MAIDEN NAM	12/2	L
15 MAS DECEASED EVER IN U. S. ARMED FORCE		AFORMANT .	general	FEG
Yes, so or unknown) (1f yes, give war or dates of service	SECURITY NO.	Testrud	Haile	
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(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	isease,	INOMA	DI- LIVEIX	
injury or complication which caused d	leath.) DUE TO			
				Principle Services
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DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	SIVING			
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DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MALE OF LAST CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	CON- LATED  NG IT.  JOR FINDINGS OF OPERAT  PLACE OF INJURY (e.g., in or ome, farm, factory, street, office bldg., etc.)  21E. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK  the remains described about the remains described about the street of the street o	ve, held an Autorsy Incurry, find that said deed, accident , suicide , assistant MEDICAL EX	in Baltimore City, give of the peetion or Inquiry gased died on the dial, homicide, under AMINER	yes No exact location)  nereon and finity stated ab
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. MALE OF LAST OF LAS	CON- LATED AG IT.  JOR FINDINGS OF OPERAT  PLACE OF INJURY (e. g., in or ome, farm, factory, street, office bldg., etc.)  21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  the remains described about opey, Inspection or Ing	ve, held an Autorsy Indury, find that said deed, accident , suicide , assistant medical examples and suicide in the said state of the said	in Baltimore City, give of the peetion or Inquiry gased died on the dial, homicide, under AMINER	nereon and fray stated abovernined ATE SIGNED
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATINIUNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RETO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MAJOR CONTRIBUTING CAUSE OF DEATH.  21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I certify that I took charge of the evidence obtained by said A and death in my opinion resulted and death in my opinion resulted 23A. SIGNATURE  24A. BURIAL, CREMA- 24B. DATE	CON- LATED NG IT.  JOR FINDINGS OF OPERAT  PLACE OF INJURY (e. g., in or ome, farm, factory, street, office bldg., etc.)  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  the remains described about	ve, held an Autopsy Invuiry, find that said deed, accident [], suicide [] 238, CHIEF MEDICAL EX MEDICAL EX MEDICAL INVESTIGATOR OR CREMATORY 24D. LOC	in Baltimore City, give of the precion or Inquiry gased died on the de la homicide, under AMINER	nereon and fray stated abdernined [ ATE SIGNED 22/53 punty) (Sta
DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RESTRIBUTING TO THE DEATH, BUT NOT RESTRIBUTING TO THE DISEASE OR CONDITION CAUSING TO THE DIS ASSETT OR CAUSING TO THE DISEASE OR CONDITION CAUSING TO THE DI	CON- LATED NG IT.  JOR FINDINGS OF OPERAT  PLACE OF INJURY (e. g., in or ome, farm, factory, street, office bldg., etc.)  21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK  the remains described about	ve, held an Autorsy Indury, find that said deed, accident , suicide , assistant medical examples and suicide in the said state of the said	in Baltimore City, give of the precion or Inquiry gased died on the de la homicide, under AMINER	ves No exact location)  nereon and fray stated abotermined ATE SIGNED



(If rural, give location 9. AGE (17 years | H Under | W Under 24 Hours | last birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Gerebral Thrombosis Generalized exteriosclerosis pheumoniTis NO (If in Baltimore City, give exact location) 19 3 that I last saw the 9. 30pm., from the causes and on the date stated above. 23C. DATE (OCATION (City, town, or county) ADDRESS

before admission)

more



Registered No - 2x-5= 4. USUAL RESIDENCE (Where deceased lived of institution: residence B. COUM before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) AGE (In years H Under I Year II Under 24 Hours las Dirthday) Months Days Hours Min. 11. BIRTUPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 2.24, 1953, that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

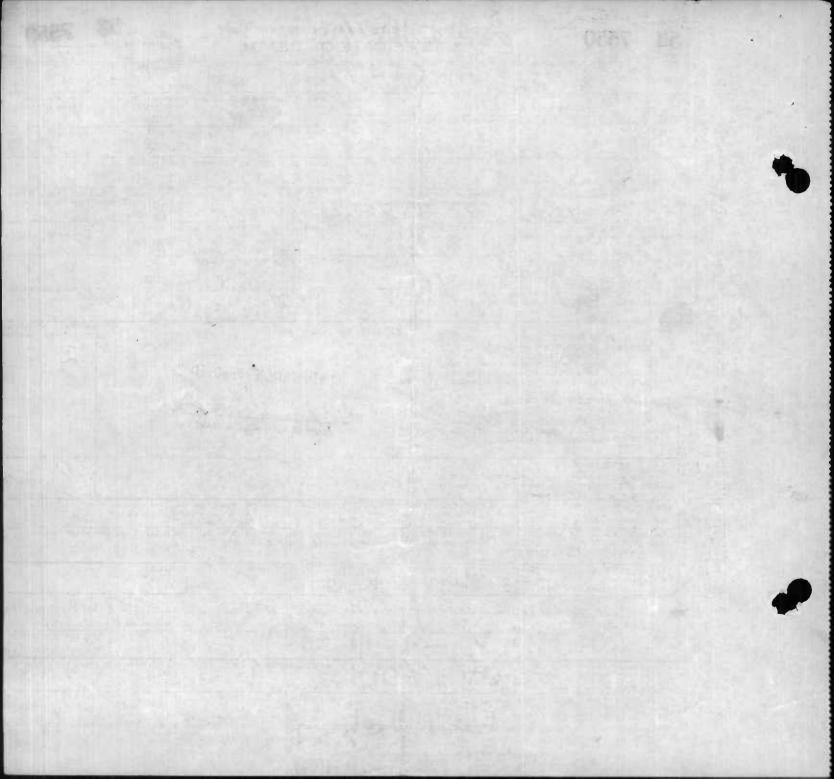
Con Polary Creves TABLE SUBJECT THE PROPERTY OF THE PARTY. THE PERSON NAMED IN COLUMN 

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE LORA (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OF location' (If outside corporate thaits, write RURAL and give OR TOWN Yrs. D. STREET ADDRESS (If rural, give location c. Length of stay in Baltimore Days AGE (In years | Hunder | Year | Hunder 24 nouns | Man. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE It Under 24 Hours should 00 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. PRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, ever if retired) INDUSTRY WHAT COUNTRY? ouse wes information 5 death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

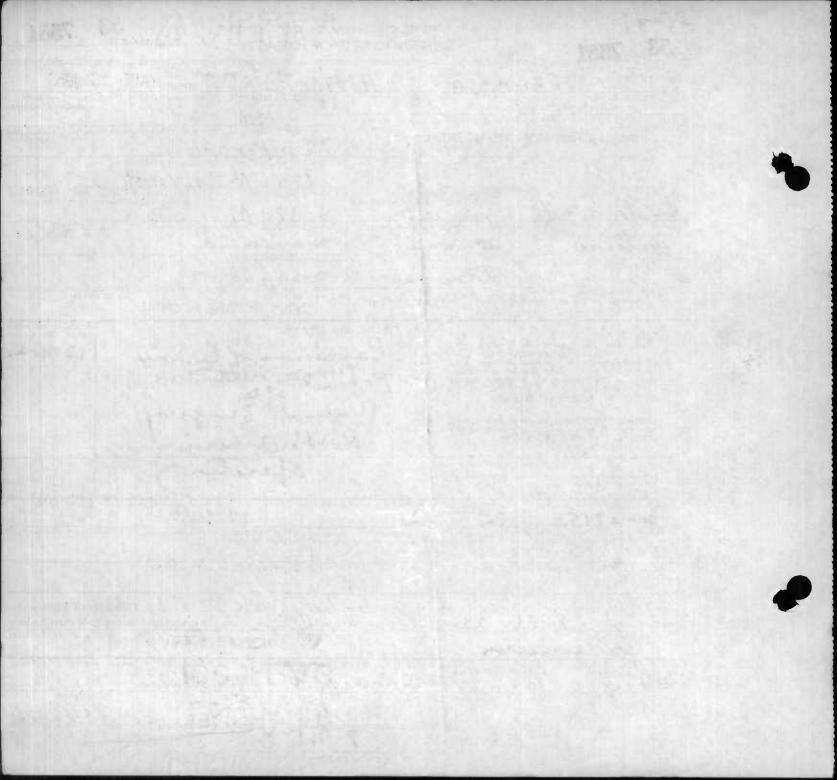
(Xes, no or unknown) (If yos, give war or dates of service) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN 18. item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES moreterins DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш Ü TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY WITH important. MEDICA YES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK especi , 1953, that I last saw the 1953 to 5-24 22. I hereby certify that I attended the deceased from. 1952 and that death occurred at 11 19 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23c. DATE SIGNED 57 age BURIAL, CREMA-REMOVAL (Specify) NAME OF CEMERERY OR CREMATORY PLEASE DATE RECEIVED BY PRESS LOCAL REGISTRAR VS 150

The	53 7550 BIRTH NO.		EALTH DEPARTMEN E OF DEATH	Registered N	3 7550
	1. NAME OF DECEASED	Bagnal	4	2. DATE 8/2 2 OF DEATH	1/53
e carefully supplied. legibly.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or inst	itution, give street address or	A. STATE M	(Where deceased lived, If i	nstitution: residence before admission)
	HOSPITAL OR INSTITUTION /223 Scat		Z. CITT ON TOWN	(If outside corporate limits	, write RURAL and give township)
e care	c. Length of stay in Baltimore  5. SEX [6.COLOR OR RACE] 7. 5TN	Yrs. Mos. Days	1223	(If rural, give location)  Seo# **  9. AGE (In years)	Under 1 Year   H Under 24 Hours
should be	male White "	MARRIED,  OWED, DIVORCED Spelly  AAA E   IND OF BUSINESS OR	8. DATE OF BIRTH  9/8/186  11. BIRTHPLACE (State of	last birthday) Mon	iths Days Hours Min.
ition sh th clear	4 ork done during most of working life, even if retired)	Mold		ud	WHAT COUNTRY?
Gm	(Un Karowa) Bagg	1 16, SOCIAL	Uni	Known	
BINDIN of infor	(Yes, no or unknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT Q. 2	sundertman	INTERVAL BETWEEN
FOR I	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying,	LY 8. (A)	rancho - Preum	oua	Solars
Ever Ever write	heart failure, asthenia, etc. It means the di injury or complication which caused d	sease, eath.) DUE TO	CERTIFICATION APP	W -	
IN RESE NG INK. is: please	Z DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		OHIEP OR ASST. MEDICAL	M. D.	
MARGIN UNFADING Physicians:	TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE FINCH	ve of fught.	hip	75 mouths.
HI.	19A. DATE OF OPERATION 19B. CO. WAS PER 12 3 WAS PER 21A ACCIDENT WAS MNDERLYING	REFORMED FOR WHICH O	jught hup CAUSE	eration was related to of death, enter in 1 or PART II D (If in Baltimore City,	YES NO
ILY, WITH	O OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	bout home, farm factory, street, office	bldg.,etc.) INJURY, OCCUR	irra Satt W	BITC CARCUITOLONI)
PLAINLY ecially imp	of INJURY aw. 10 # 1933	WWHILE AT NOT WHI	Jell do	injury occur?	
	22. I hereby certify that I attended deceased alive on July 195	3 and that death occu	rred at 635 Pm. from	n the sauses and on th	
WRI ge is	23A. SIGNATURE JAMES AND DATE	M. D.	238. ADDRESS	tt SV LOCATION (City, town,	or county) (State)
PLEASE correct ag	24A. BURIAL CREMA FION-REMOVAL (Specify) Nurau 2	Loudon	Park	Balto,	Md. ADDRESS
PLI	DATE RECEIVED BY REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTO		Pul J.

VS 150 N 8 20.0



The		EALTH DEPARTMENT 53 7851 Registered No.							
	1. NAME OF DECEASED (Type or Print) Theresa  3. PLACE OF DEATH: Rollimore City, Maryland	1 JOPHE   2. DATE OF DEATH AUG 23 1953   4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE   5. FOUNTY   before admission)							
should be carefully supplied, early and legibly.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location INSTITUTION JOHNS HOPKINS HOSPITAL								
be caref	C. Length of stay in Baltimore  Trs. Mos. Days  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	D. STREET ADDRESS (If rural, give location)  1641 N. CAIVENT St.  8. DATE OF BIRTH 9. AGE (In years   11 Under 14 Heer)							
n should	Lemale Twhite MIDOWED, DAVORCED (Specify Maryl)  10A. USUAL OCCUPATION (Give kind of Nork done during most of working life, even if retired)  Housewife At House	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF							
VDING information shoul	13. FATHER'S NAME  Zennison  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	14. MOTHER & MAIDEN NAME  Mary d.							
of of ises	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL  OF DEATH  INTERVAL BETWEEN ONSET AND DEATH							
FO The	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	reinm of Cerving 12 mos.							
RESER INK. please v	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	olient Scriging							
MARG NFADI hysician	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Operation >							
WITH ortant.	19a, DATE OF OPERATION 19B. CONDITION FOR WHICH OF PERFORMED  19a ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	CAUSE OF DEATH, ENTER IN YES NO (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location)							
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  while at work at work 21F, HOW DID INJURY OCCUR?								
6. 11		- /6 - , 1953 to & - 23 -, 1953 that I last saw the arred at 1/45 Pm., from the causes and on the date stated above.  238. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED							
PLEASE WRITE	24A. BUYAL, CREMA- TION REMANAL (Spairy)  8/27/53  DATE RECEIVED BY REGISTRAR'S SIGNATURE	edral Ballimose, Maryland  25. FUNERAL DIRECTOR  ADDRESS  10. 10. 10. 10. 10. 10. 10. 10. 10. 10.							
	VS 150 9 5 5 C 1 A	7 5 5 0							



# BALTIMORE CITY HEALTH DEPARTMENT

53 7552

1217 St. Paul Street

Registered No.

The	В	RTH NO.			CERTIFICATI	E OF	DEATH	8		
	1.	NAME OF D ype or Print)	ALAN ALAN	MASON				2. DATE OF DEATH	ug. 24	, 1953
pplie	Α.	S. PLACE OF DEATH: A. Baltimore City, Maryland					JAL RESIDENCE (Y	Where deceased liv B. COUNT	ed, If instit	ution: residence before admission
carefully supplied. egibly.	H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) INSTITUTION Wyman Pk. prive & 31st street								
caref legibly	4)0	7	tay in Baltimore		days Yrs. Mos. Days	D. STR	EET ADDRESS (If	rural, give location 105th		
and be	5.	SEX M	6. COLOR OR RACE	7. SINGLE WIDOW	. MARRIED, ED, DIVORCED (Specify) <b>Arried</b>	8. DAT	e of BIRTH 20/02	9. AGE (In year last birthday	(r) If Under (Months)	Days Hours Min
n shou	Wor		CUPATION (Give kind of f working life, even if retired)	TOB. KIND	OF BUSINESS OR INDUSTRY		THPLACE (State or f	oreign country)	12.	CITIZEN OF WHAT COUNTRY USA
BINDING of information should be carefu sees of death clearly and legibly.	13	FATHER'S		0000	Uada d	14. MO	THER'S MAIDEN N			
R BINDING em of inform	13 (Ye	. WAS DECEAS s, no or unknown)	EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.		or ds - US PH	S Hoşital,	Bal to	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the car		(This does heart failus injury or DISEASE: RISE TO TUNDERL'	E OR CONDITION LEADING TO DEA' not mean the mode ore, asthenia, etc. It mea complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) (ING CONDITION LA SINGLE CONDITION LA SINGLE CONDITIONS DEATH BUT NOT	of dying, e. g ns the disease aused death SES  F ANY, GIVIN STATING THEST.  CONTRIBLE RELATED TO	(B)		coma, general	Lized		Unknown
	- 11	19a. DATE C		9B. CONDI VAS PERFO	TION FOR WHICH O		PART I	ATION WAS RELA OF DEATH, EN' OR PART II (If in Baltimore	TER IN	20. AUTOPSY? YES NO Exact location)
WRITE PLAINLY, WITH	MEDI	OR CONTRI DEATH (NO 21D TIME OF INJURY	BUTING CAUSE OF FIFY MEDICAL EXAMINE (Month) (Day) (Year	(Hour) m.	bome, farm, factory, etreet, office 2 1E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ED		JURY OCCUR?		iat I last saw tl
		J.A. Hun	ter, clinical	Hun. Direc	and that death occu	rred at_ 238. ADD <b>US_P</b> H	1:35Am., from press IS Hospital,	the causes and	on the d	ate stated abov 3c. DATE SIGNED 8/24/53
PLEASE		ON REMOVAL (S DUTIAL	8/26/53		Arlington Nat	ional		Arlington		Virginia DDRESS
PL	1	OCAL REGIST	RAR	SSIGNATO	3/1/180 1		meral birel	1217		aul Street

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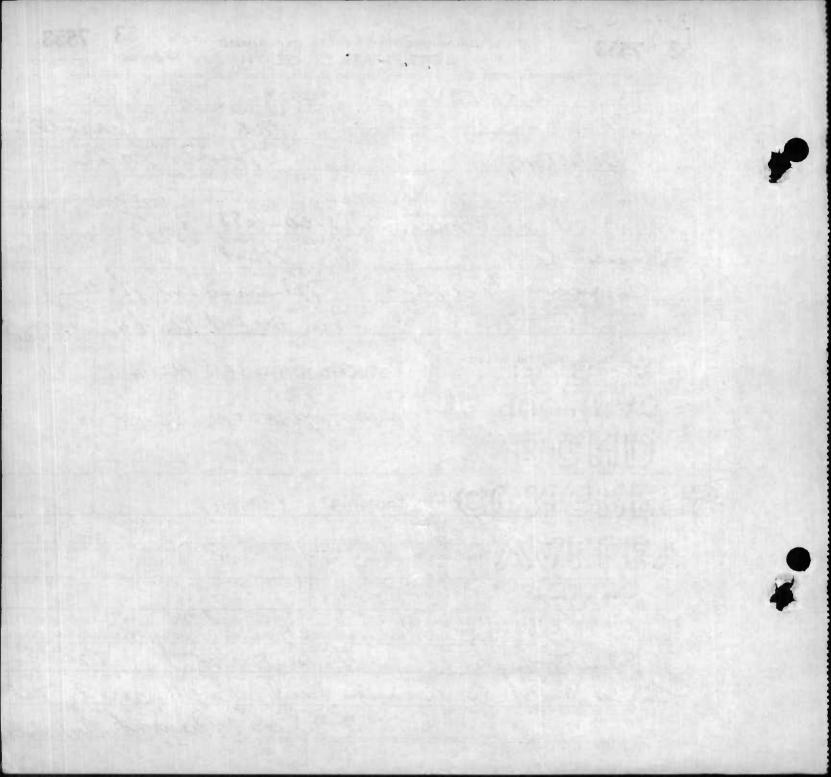
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5	3 755	3	DALI	ERTIFICAT	E OF DEAT	ГН	Registere		
	RTH NO.							-	
	NAME OF D.	ECEASED LC	CENTZ		ETTA	_   2	OF DEATH	-24	2-53
Α.		City, Maryland	H- Balenta		A. STATE	DENCE (When	re deceased live		ution: residence before admission)
HC	SPITAL OR STITUTION			n, give street address or location)	c. CITY OR TOW	N (If out	tside corporate l	imits, writ	to RURAL and give township)
-	4	INIUERSI	19	Yrs.	D. STREET ADDR	RESS (lf rur	ai, give location	nu	
1		tay in Baltimore		Mos. Days				-	5604
5.	F	6. COLOR OR RAC		MARRIED,  D; DIVORCED (Specify)	1- 30 - 1	1000	AGE (In year last birthday)		Year If Under 24 Hours Days Hours Min.
	doneduring most o	CUPATION (Give kine of working life, even if retire		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or forei	gn country)		CITIZEN OF WHAT COUNTRY?
13	FATHER'S		76/	0	14. MOTHER'S M	AIDEN NAM	E	1	0
15	. WAS DECEASE	D EVER IN U.S. ARE	MED FORCES?	6. SOCIAL	17. INFORMANT	nesc	en (	ADDRE	man
(Yes	, no or unknown)	(If yes, give war or d	lates of service)	SECURITY NO.	mrs. He	rest	Ridge	4	Dykend
	18. 442	×ı		CAUSE	OF DEATH				NET AND DEATH
	(This does	LEADING TO DE not mean the mod	EATH e of dying, e.g.,	,, CERET.	BRAL UASC	ULAR	ACCIDE	207	4 da_
		re, asthenia, etc. lt n complication which		DUE TO					
Z		ANTECEDENT CA	USES	144PG	RTENSIVE	CARD	OUASCUA	AR D	5
TION	RISE TO T	OR CONDITIONS HE ABOVE CAUSE ( ING CONDITION	A) STATING THE	DUE TO					***************************************
FICA	ONDERE	ING CONDITION	LAST.	(C)	***************************************	• • • • • • • • • • • • • • • • • • • •	••••		
FA		II INIFICANT CONDITIO		ING R	-1 n-	7			
B		DEATH BUT NOT	ING IT.	P/ G/O		mma-			
AL	19A. DATE O	F OPERATION	198. CONDIT	ON FOR WHICH O	PERATION		DEATH, ENTE	RIN	20, AUTOPSY?
EDIC	OR CONTRIB	ENT WAS UNDERIBUTING CAUSE THE MEDICAL EXAM	OF about ho	PLACE OF INJURY me, farm, factory, street, office			in Baltimore (	City, give	exact location)
2	OF INJURY	Month) (Day) (Ye		E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	N DID INJUE	RY OCCUR?		
	22. I hereb	y certify that I	attended the d	eceased from 8	-2/ .19	53 to 8	-24 .1	9Stho	at I last saw the
	decedseda	live on 8-24	, 19173 a	nd that death occu	rred at 6 7/2n	n., from the		n the da	te stated above.
	23A. SIGNA	we both	wh-	м. р.	esa. ADDRESS	Hosp	Tel	833	C. DATE SIGNED
Rich	A. BURIAL,	Specify)	1-53	C. NAME OF CEMETE	RY OR CREMATOR	7 24D. YOC	ret o	own, or co	unty) (State)
	ATE RECEIVE	D BY   REGISTRA	AR'S SIGNATUR	(E. ) (O.)	25. FUNE AL DI	RECTOR	12 1	ADD	DRESS .
11	10 2 5 40	15 The 15	The same of the sa	The State of the S	2/10/24	1 / ///	TANK W	1 /	I O O TULA HO

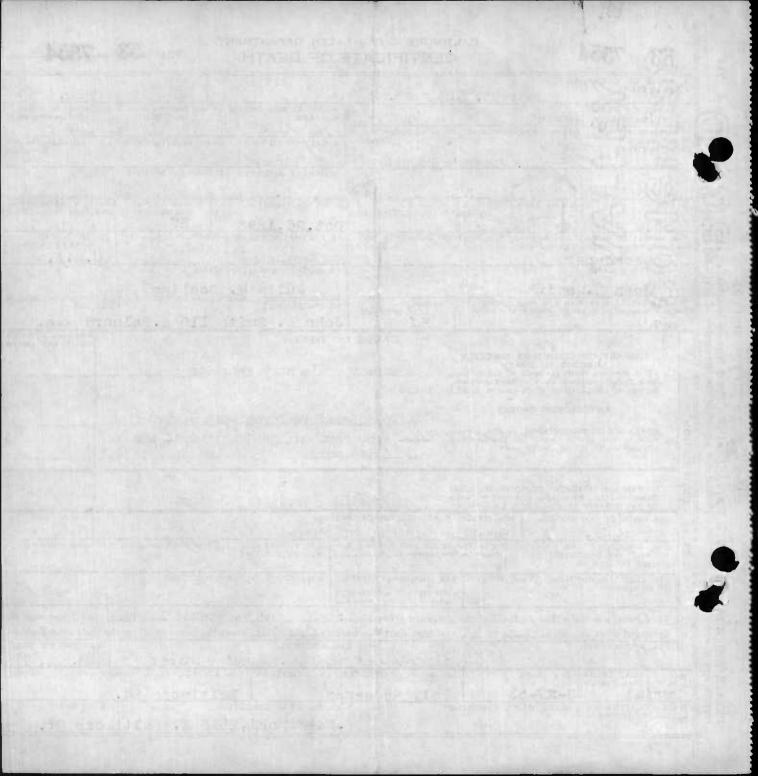


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-0	MAS	A	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Regista 3No_	7554	
Tank and the Carrier		ĕ

В	RTH NO.	04		CERTIFICATE	E OF DEATH	Registare	DNO. 7334	
1.	NAME OF DEC	EASED				2. DATE		
r) [T	ype or Print)	Mar	kert, Pa	auline F.		DEATH AL	igust 24, 1953	
	PLACE OF DEA Baltimore Cit		111111111111111111111111111111111111111		4. USUAL RESIDEN	NCE (Where deceased lived.	If institution: residence before admission)	
В.	FULL NAME OF		tal or institut	ion, give street address or	Maryland	6-	02	
H	SPITAL OR			location)	C. CITY OR TOWN	(If outside corporate lin	mits, write RURAL and give township)	
Ш	-1	St.	Joseph	's Hospital	Baltinore			
	The same			Yrs.		(If rural, give location)		
1		y in Baltimore	57		110 N. Bel	9. AGE (In years)		
3.			WIDOW	E. MARRIED. VED, DIVORCED (Specify)		last birthday)	Months Days Hours Min.	
		White JPATION (Give kind o	Sing	of BUSINESS OR	Oct. 26.189	5 57 ate or foreign country)	12. CITIZEN OF	
wor	done during most of w	orking life, even if retired	i) IOS. KINL	INDUSTRY		ave of foreign country)	WHAT COUNTRY?	
13	Houseke	eper			Maryland 14. MOTHER'S MAII	DEN NAME	U.S.A.	
15	JOHN J	L. Smith	D FORCES?	I 16. SOCIAL	JULIA J	M. Doeling	ADDRESS	
(Ye	22.0	EVER IN U.S. ARME (If yes, give war or date	les of service)	SECURITY NO.		ith 110 N.Bel		
-	INO 18. 15 1V				OF DEATH	TOU TIO M. Del	INTERVAL BETWEEN	
	1211	OR COMPLETION	DIDECTIV	CAUSE	OF DEATH		ONSET AND DEATH	
	L	OR CONDITION EADING TO DEA of mean the mode	ATH	- Maccivo	e pulmonary e	mholism		
	heart failure,	asthenia, etc. It me	ans the discas	se,	in In below the total total in J	Mt. X. Y. 124 M. W. 170	***************************************	
	injury or complication which caused death.) DUE TO							
7	Z ANTECEDENT CAUSES  (B) Postoperative thrombosis of inferior							
õ		OR CONDITIONS,				unction of the		
AT		G CONDITION L			veins			
ERTIFICATION								
F		NIFICANT CONE						
li ii	TRIBUTING T	O THE DEATH, BUT	NOT RELATI	Possi	tle carcinoma	of stomach		
	19A. DATE OF	OPERATION 9	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY7	
1	August 1	9, 1953		le carcinoma o			YES X NO	
EDICAL	LYING OR	NT WAS UNDER- CONTRIBUTING		ACE OF INJURY (e. g., infarm, factory, street, office bldg., e			y, give exact location)	
ME	CAUSE OF DE		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	OF INJURY	onth) (Day) (Year	r) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE		INJURY OCCUR?		
			m.	WORK AT WORK				
	22. I hereby	certify that I a	ttended the	deceased from Augu	1: t 16 , 1953,	to August 24, 19	53, that I last saw the	
			24, 19_53.	and that death occur	rred at 12:25 an.,	from the causes and or	the date stated above.	
	23A. SIGNATU	IRE 1	xxx	1:12 - 0		olina Stroot	Aug. 24,1953	
2	24a. BURIAL, CREMA- 24b. DATE   24c. NAME of CEMETERY OR CREMATORY   24b. LOCATION (City, town, or county) (State)							
TI	on, REMOVAL (Spe	8-27-5	2	Holy Redeem	1 11 11			
	ATE RECEIVED	BY   REGISTRAF	R'S SIGNATI		25. FUNERAL DIRE	Baltimore MC	ADDRESS	
1 5	OCAL REGISTRA	AR	10/00	165-28 a	B.Dabrowski	,2818 E. palt	imore St.	
11	197			4	The mine of the Tries	ANGEL THE TOTAL	THOTO DOS	



BALTIMORE CITY HEALTH DEPARTMENT

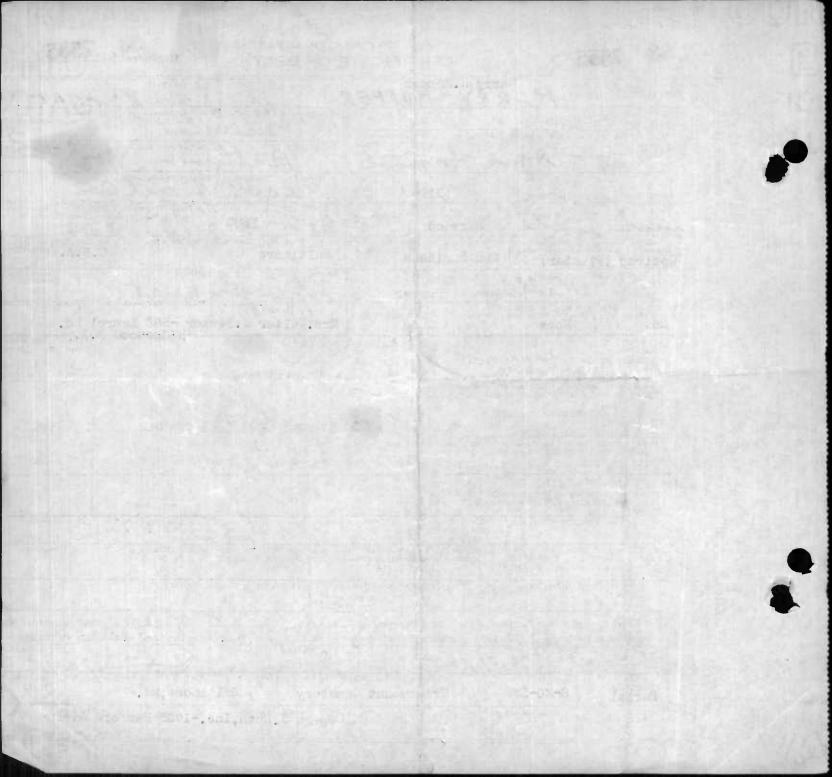
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	IRTH NO. CERTIFICATE OF DEATH Registered No.											
	NAME OF ype or Print		MA	RRY	HOPPE	FR			2. DATE OF DEATH	8.	24.19	र उ
Α.	PLACE OF Baltimore	City, I	faryland	ital or institu	ition, give street addres	A. ST		ENCE (W	here decease	d lived. If i	nstitution; residence ad	dence lmission)
HC	SPITAL O	R	- Ag	nk 7	topital	ion) c. CIT	Ba	lti	me	- 7	write RURAL	and give ownship)
-	No.	stay in	Baltimore		Tito M	rs. D. STI	200		rural, give lo	il		
5.	nal	6. COL	lite	WIDO	LE, MARRIED, WED, DIVORCED (Sp <b>ried</b>		- 2 - 1		9. AGE (Ir	hday) Mor	nthe Days Hou	der 24 Hours rs Min.
work	A. USUAL of done during me	ost of working	TON (Give kind of place in the contract of the	3)	Business of	rovi -	timore	State or fo	reign countr	у)	U. HAT CO	OF UNTRY?
	. FATHER'S	L	Nill	iam	- Hopper	14. M	Sear		Hw	rt		
15 (Yes	No or unknow	ASED EVER	None	ED FORCES? tes of service)	16. SOCIAL SECURITY N None	o. Mrs.	FORMANT Walter	E.Bee		6 Laur	rel Rd.	
	18. 15	3×				E OF DE	EATH		112.08	<del>owood</del>	ONSET AND	
	(This d	LEAD oes not me ilure, asth	CONDITION ING TO DEA ean the mode enia, etc. It me cation which	ATH of dying, e. ans the disc	. g., (A)	2art	Fail	uve	<b>a</b> g - 00-0 <del>00</del> 00-00-000-00-00-00-00-00-00-00-00-00-		8/23	/5-3
NO	ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING  (B) Tatestina (Obstruction 8/24/)									43		
RTIFICATION	PISEASES OF CONDITIONS, IF ANY, GIVING DUE TO UNDERLYING CONDITIONS ANY, GIVING DUE TO UNDERLYING CONDITION LAST.  (c) Probably July to Carcinoma								**********			
CERTIF	TO TH	E DEAT	II NT CONDITION H BUT NOT DITION CAUSIN	RELATED '								•••••
CAL	19a. DATE	OF OPE		WAS PERF				PART I	TION WAS R	ENTER II	YES .	NO 🗌
MEDIC	OR CONT	RIBUTING	AS UNDERLY G CAUSE C	)F abou	B. PLACE OF INJUF 1t home, farm, factory, street,	Y (c. g., in or office bldg., etc.	21c. WHEI	RE DID (	(If in Baltin	nore City,	give exact loca	ation)
-	21D TIME OF INJUR		(Day) (Year	r) (Hour) m.		WHILE WORK	21F. HOW	נאו מום	URY OCCU	JR1		
	and the second of the second o		1 4 1		e deceased from, and that death o	-1 /	200	, to on t			, that I last he date states	
	234. SIGN	NATURE	Him	rla	leton M.D	23B. AD	DRESS	2//	shi	to	23c, DATE	SIGNED
	on, removal Buri	al	0-20-30		Greenmount	Cemete	ry	Balt	imore,	Md.	or county)	(State)
D.	ATE RECEI	VED BY	REGISTRA	R'S SIGNAT	TURE	25. FL	INERAL DIE	RECTOR	-1775	Uanto	ADDRESS	•

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

August 22.1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside orporate limits, write RURAL and give township (If rural, give location) 9. AGE (In years) If Under I Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY: S. ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1953 that I last saw the 23c. DATE SIGNED

8-24-53

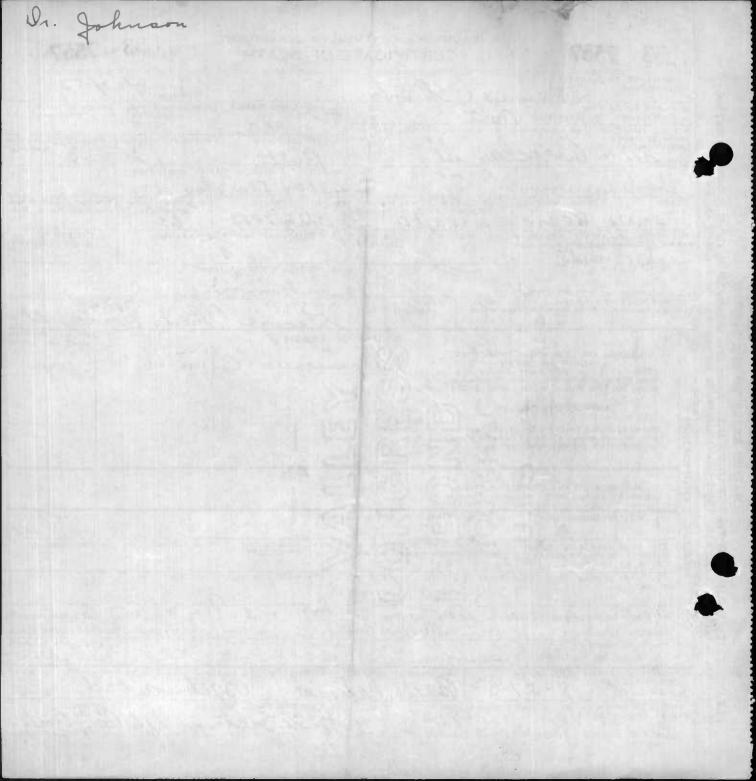
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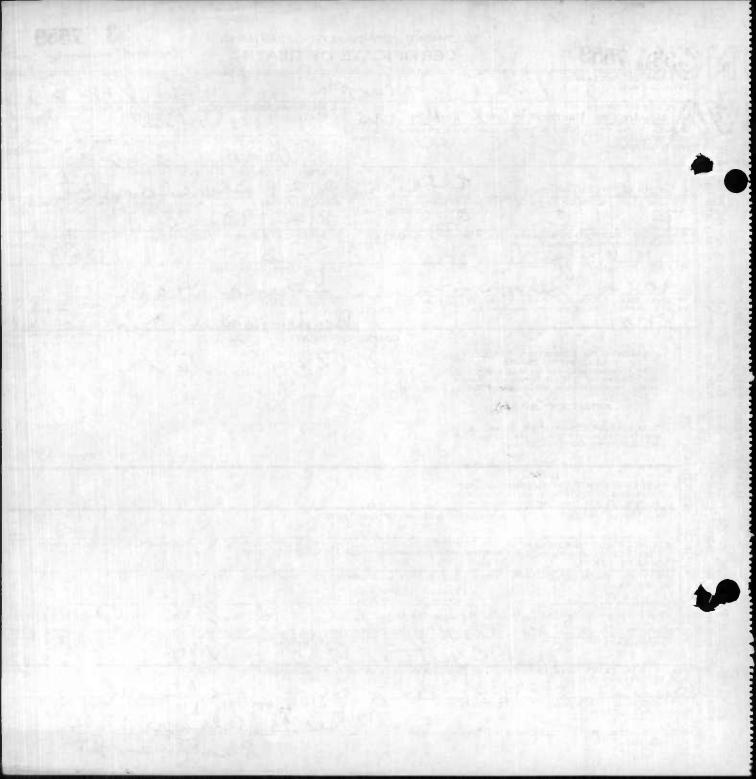
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53
Registered No. 7558

BIK	IM NO.							
	IAME OF DECEASE e or Print)		Lorett	o French		2. DATE OF DEATH AUG.		
A. F	LACE OF DEATH: altimore City, M				4. USUAL RESI A. STATE Md.	DENCE (Where deceased lived, If i	nstitution: residence before admission)	
HOS	PITAL OR	Bl2 Bonr		ion, give street address or location)	c. CITY OR TOV	The same of the sa	wife RURAL and give township)	
1300	4			85 Yrs. Mos.	o. STREET ADD	RESS (If rural, give location)		
	ength of stay in			Days		lonner Road	Under 1 Year   It Under 24 liours	
5. S	omale Whi	or or race	7. SINGLE WIDOW	E, MARRIED, VED, DIVORCED (Specify) VED.	July 28,	last birthday) Mor	Under I Yaar hths Days Hours Min.	
	USUAL OCCUPATION OF DURING WORKING HOUSE-WIFE	life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	Md.	E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAME		
	John Har	tzell			Mary	Pheister		
15, (Yes,	WAS DECEASED EVER	IN U, S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS	
no				none	Mrs.Charl	es N.Smith 3812	Bonner Rd.	
	DISEASE OR LEADI (This does not me	NG TO DEAT	ГН	las	of DEATH	lardisiose	INTERVAL BETWEEN ONSET AND DEATH about 2 1/1/18;	
	heart failure, asthe	nia, etc. It mean	ns the diseas	e, a.) DUE TO				
	ANTEC	EDENT CAUS	ES	antin	10 1000	as in	>	
Z	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  (B)							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  I  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE								
UNDERLYING CONDITION LAST.								
TIF	OTHER SIGNIFICAN	II CONDITIONS	CONTRIBI	ITING				
Ш	TO THE DEATH DISEASE OR COND	BUT NOT F	RELATED TO	THE				
J	19A. DATE OF OPER	RATION O 1	9B. CONDI VAS PERFO			IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER II PART I OR PART II	YES NO	
	21A. ACCIDENT WA OR CONTRIBUTING DEATH (NOTIFY MED	L CAUSE OF	about	home, farm, factory, street, office	e. g., in or 21C. WF bldg.,etc.) INJURY	HERE DID (If ia Baltimore City, OCCUR?	give exact location)	
Σ-	210. TIME (Month)	(Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HO.	W DID INJURY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHI	ĸ 🗀			
	22. I hereby certi	fy that I att	tended the	deceased from	1/200, 19		Ithat I last saw the	
	deceased Twe on	011923	_, 19.53.	and that death occur	11000	m., from the eauses and on t	te date stated above.	
	23A. SIGNATURE	19.FC	rille	# 10	238. ADDRESS	Sarrisen Bry	aug 24/53	
24	BURIAL CREMA-	24B. DATE	avvu	24c. NAME OF CEMETE	RY OR CREMATO	RY 240. LOCATION (City, town,	or county) (State)	
	N. REMOVAL (Specify)	8-27-1				Baltimore.	Ma	
11	TE RECEIVED BY	REGISTRAR		New Cathedr	25. FUNERAL D		ADDRESS	
	CAL REGISTRAR	1,500	S SIGNAL	-1/16/11/2 mark 1 2 m / 4	18/200	Strong 3207 W.No	orth Ave.	
						1001 0110	AT OTT TAY A O B S	
	VS 150		0			7501012 0207 11111	01 11 11 0 0 1	

Dr Hubet 2 7600 An domest 116 2 1817 53. I no crayle . ave. the first of the control of the first of the control of the contro . the thank. The man and are a life

		ALTIMORE CITY HEALTH DEPAR	TMENT 03	7559
	ы <b>53</b> <sub>No.</sub> 7559	CERTIFICATE OF DEAT	TH Registered No.	
	1. NAME OF DECEASED / CType or Print)	a Jolenson	2. DATE OF DEATH	4-5-3
	3. PLACE OF DEATH: A. Baltimore City, Maryland 2/2/	h/ OT MOUN A. STATE 2	DENCE (Where deceased lived, If ins	stitution : residence before admission)
	B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION	location) C. CITY OR NOW		write RURAL and give
4		/) d	A My	township)
. 9	c. Length of stay in Baltimore	Vrs. Do. STREET ADDITION OF THE PROPERTY ADDIT	RESS (If rural, give location)	2+.
7	5. SEX   6. COLOR DR RACE   7. SING	LE. MARRIED. 8. DATE OF BIR		der I Year   If Under 24 Hours hs: Days   Hours   Min.
	10A. USUAL OCCUPATION (Give kind of 10B, KIN	ND OF BUSINESS OR 11. BIRTHPLACE	73 60	2. CITIZEN OF
3	work done during most of working life, even if retired)	INDUSTRY	) .	WHAT COUNTRY!
	13. FATHER'S NAME	14. MOTHER'S M	IAIDEN NAME	
3	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL 17. INFORMANT	na Hall	DECC 4 1 A II
	(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Panson Divi	ALM T
3	18. 420,1	CAUSE OF DEATH	0	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e	INVINCON.	o che ca	
2	heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ase,		
	ANTECEDENT CAUSES			
-	DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING OUNDERLYING CONDITION LAST.		***************************************	
	UNDERLYING CONDITION LAST.	(C)		-
	OTHER SIGNIFICANT CONDITIONS CO			
	OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELA TO THE DISEASE OR CONDITION CAUSING	TEO		
	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPERATION		20. AUTOPSY?
		LACE OF INJURY (e. g., in or 21c. WHERE to farm, factory, street, office bldg., etc.) INJURY OCC		YES NO E exact location)
	CAUSE OF DEATH			
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	D INJURY OCCUR?	
	22. I hereby certify that I attended th	A /	2/to 8/28 195	hat I last saw the
1	deceased alive on 12 3 . 195	and that death occurred at	h., from the causes and on the	date stated above.
	23A. SIGNATURE BALL	238. ADDRESS	July Sta 6 1	23C DATE SIGNED
0	24A. BURIAL CREMA- 244 DATE	24c. NAME OF CEMETERY OR CREMATOR	240. LOCATION (City, town, or	gounty) (Stare)
	DATE RECEIVED BY REGISTRAR'S SIGNAT	TURE 25. FUNERAL DE	AECTOR A	DDRESS
	LOCAL REGISTRAR	WillEngin Willes. W	Talson 13	
	VS 150		basstan	04



Ever	y it	em	of	infc	rmati	on	shoul	q p	e	arefully	Every item of information should be carefully supplied.	The	
vrite	the	car	Ises	of	vrite the causes of death clearly and legibly	cle	arly	and	le	gibly.			

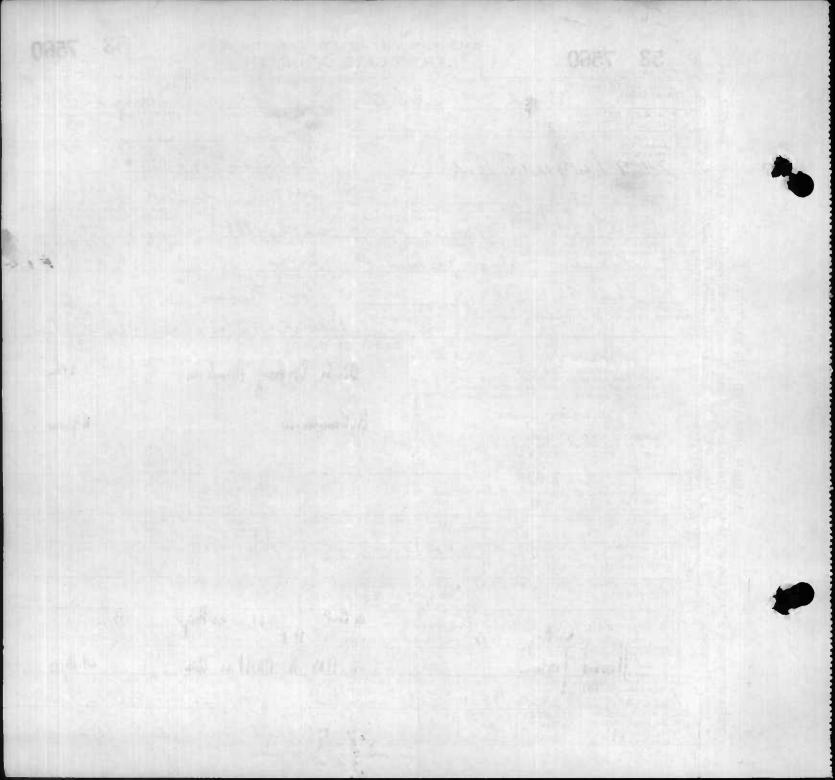
BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

53	7560
Registered No	1000

BI	53 RTH NO.	7560	BAL	CERTIFICATI	E OF DEA	TH	Registered	No	7560
1.		DECEASED	tl.	Pritchett			2. DATE OF DEATH CLL	9.22	1953
A.		City, Maryland	0		A. USUAL RES	DENCE (Whe	re deceased lived. B. COUNTY	I institut	on : residence refore admission)
HO	SPITAL OF	7	0	ion, give street address or location)	c. CITY OR TOV	WN (If ou	tside corporate lin	nits, write	RURAL and give township)
0	2409	7 LLEWLY	N ITVE	Yrs. Mos.	o. STREET ADD	DRESS (If rui	al, give location)	# 13	
	Length of	stay in Baltimore	E 7. SINGLE	Days Days	8. DATE OF BIF	RTH S	AGE (In years)	It Under 1 Yes	
7	nale	It hate	Mar	PED, DIVORCED (Specify)	Jan.	1888	(15 yrs		
	done during mg	OCCUPATION (Give kind set of working life, even if retire	dof 10B. KIND	OF BUSINESS OR INDUSTRY	Towa	E (State or fore	ign coul <b>f</b> ry)	12. CIT	TIZEN OF HAT COUNTRY?
13	. FATHER'S		H.	O	14. MOTHER'S	MAIDEN NAM	E		
15 (Yes	. WAS DECEA	ASED EVER IN U. S. ARN	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Ptol	tt2409	ADDRES:	S
	18. 4-2	0.1		CAUSE	OF DEATH	· Janua	11 270	INT	ERVAL BETWEEN
	DISE	ASE OR CONDITION	EATH	0	loute Com	- Thrush	กีเท		24km
	heart fa	oes not mean the mode ilure, asthenia, etc. It m	neans the disease			X			
	injury (	or complication which	n caused death			4			
	injury (	or complication which ANTECEDENT CA		L) OUE TO	Verandu s si	,		6	Mins
TION	DISEAS RISE TO	ANTECEDENT CA	USES  , IF ANY, GIVIN A) STATING TH	(B)	Kanada o sis	\		6	yun
ICATION	DISEAS RISE TO	ANTECEDENT CA	USES  , IF ANY, GIVIN A) STATING TH	(B)	Yananda o fi	<u> </u>		É	yum
ERTIFICATION	DISEAS RISE TO UNDER	ANTECEDENT CA SES OR CONDITIONS THE ABOVE CAUSE (A REYING CONDITION  II BIGNIFICANT CONDITION  IE DEATH BUT NOT	AUSES  5, IF ANY, GIVIN A) STATING TH LAST.  DIS CONTRIBL T RELATEO TO	NG (B)	Knurdu o sis			<u></u>	yum
L CE	DISEAS RISE TO UNDER  OTHER S TO TH DISEASE	ANTECEDENT CA	USES  G, IF ANY, GIVIN A) STATING TH LAST.  DIS CONTRIBUTE T RELATEO TO ING IT.	(B)	PERATION		ON WAS RELATED OEATH, ENTER PART II		. AUTOPSY?
lul l	DISEAS RISE TO UNDER  OTHER S TO TH DISEASE 19A. DATE	ANTECEDENT CA SES OR CONDITIONS OTHE ABOVE CAUSE () ELYING CONDITION  IL SIGNIFICANT CONOITION IE DEATH BUT NOT IC OR CONDITION CAUSE	ONS CONTRIBLE TRELATED TO ING IT.  19B. CONDI WAS PERFO  LYING 21B about	(B)	(e. g., in or 21C. Wh	PART I OR	OEATH. ENTER	IN YES	s No
CAL CE	DISEAS RISE TO UNDER  OTHER S TO TH DISEASE 19A. DATE  21A. ACCI OR CONTE	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE (INCLUDING CONDITION  BIGNIFICANT CONDITION  OR CONDITION CAUSE OF OPERATION  DENT WAS UNDERLIBUTING CAUSE ROTIFY MEDICAL EXAMI	ONS CONTRIBLE RELATEO TO ING IT. 198. CONDI WAS PERFO LYING 218 OF INER)	(B)	(e. g., in or 21C. Wholdg., etc.)  ED 21F. HC	PART I OR	OEATH. ENTER PART II in Baltimore Ci	IN YES	s No
CAL CE	OTHER S TO TH DISEASE 19A. DATE  21A. ACCI OR CONTP DEATH (N  210. TIME OF INJUR	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE (INCLUDING CONDITION  BIGNIFICANT CONDITION  OR CONDITION CAUSE OF OPERATION  DENT WAS UNDERLIBUTING CAUSE ROTIFY MEDICAL EXAMI	ONS CONTRIBLE TRELATEO TO TO THE LAST.  ONS CONTRIBLE TRELATEO TO TO THE LAST.  19B. CONDI WAS PERFO  LYING 21B about 1  NER) 21B about 1  Par) (Hour) 7	(B)  (B)  (C)  (C)  (C)  (TING  THE  (TION FOR WHICH OF INJURY of Industry at	(e. g., in or 21c. While bidg., etc.) INJURY	CAUSE OF PART I OR HERE DID (If OCCUR?	OEATH, ENTER PART II in Baltimore Ci	ty, give ex	s No
CAL CE	OTHER S TO TH DISEASE 19A. DATE 21A. ACCI OR CONTE DEATH (N 210. TIME OF INJUR 22. I her deceased	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE ( PLYING CONDITION  ILI  BIGNIFICANT CONDITION  OF OPERATION  DENT WAS UNDERLE  RIBUTING CAUSE  OTHER CAUSE  OTHER CAUSE  (Month) (Day) (Year  Y  Teby certify that I of  plive on	ONS CONTRIBLE T RELATEO TO ING IT.  198, CONDI WAS PERFO LYING 218 OF INER)  attended the	JTING OUE TO  (C)  JTING THE  TION FOR WHICH OF INJURY Comments of the comment of	(e. g., in or 21c, Wholdg., etc.) INJURY  ED 21F, HG  LE 15  Tred at 15	CAUSE OF PART I OR HERE DID (If OCCUR?  OW DID INJU	OEATH. ENTER PART II in Baltimore Ci	ty, give ex	s No cact location)  i I last saw the e stated above.
MEDICAL CE	OTHER STO THE DISEASE 19A. DATE 21A. ACCI OR CONTEDEATH (N 210. TIME OF INJUR 22. I her deceased 23A. SIGN	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE ( PLYING CONDITION  BIGNIFICANT CONDITION  BIGNIFICANT CONDITION  OF OPERATION  DENT WAS UNDERLE  RIBUTING CAUSE  OTHER CONDITION  OF OPERATION  DENT WAS UNDERLE  RIBUTING CAUSE  OTHER CAUSE  (Month) (Day) (Year  Yeby certify that I of  palive on Cause  A condition	ONS CONTRIBLE T RELATEO TO ING IT.  19B. CONDI WAS PERFO  LYING 21B OF INER)  about  attended the , 19 19 ,	JTING OUE TO  (B)  (B)  (C)  JTING OTHE  TION FOR WHICH OF INJURY Chome, farm, factory, street, office  WHILE AT NOT WHI WORK  deceased from and that death occu	(e. g., in or 21c, Wholdg., etc.)  ED 21f. HG  LE 15  Tred at 12  23B. ADDRESS	CAUSE OF PART I OR HERE DID (If OCCUR?  OW DID INJU  OM, to 41  m., from the	oeath. ENTER PART II in Baltimore Ci  RY OCCUR?  Aug., 19 a causes and on	ty, give ex	ATE SIGNED
MEDICAL CE	OTHER S TO TH DISEASE 19A. DATE 21A. ACCI OR CONTE DEATH (N 210. TIME OF INJUR 22. I her deceased	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE (INC.) DISTRIBUTION CONDITION  DENT WAS UNDERLIBUTING CAUSE ROTHLY MEDICAL EXAMI  (Month) (Day) (Yest Y  Reby certify that I (Inc.) RATURE  ATURE  CREMA-1 248, DATI	ONS CONTRIBLE T RELATEO TO ING IT.  19B. CONDI WAS PERFO  LYING 21B OF INER)  about  attended the , 19 19 ,	(B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	(e. g., in or 21c, Wholdg., etc.)  ED 21f. HG  LE 15  Tred at 12  23B. ADDRESS	CAUSE OF PART I OR HERE DID (If OCCUR?  OW DID INJU  OM, to 41  m., from the	OEATH. ENTER PART II in Baltimore Ci	ty, give ex	AT I last saw the e stated above.
MEDICAL CE	OTHER S TO TH DISEASE 19A. DATE  21A. ACCI OR CONTF DEATH (N  210. TIME OF INJUR  22. I her deceased 23A. SIGN	ANTECEDENT CA  SES OR CONDITIONS O THE ABOVE CAUSE ( THE ABOVE CAU	ONS CONTRIBLE T RELATEO TO ING IT.  19B. CONDI WAS PERFO  LYING 21B OF INER)  about  attended the , 19 19 ,	(B)  (B)  (B)  (C)  (C)  (C)  (DIING  (C)  (C)  (C)  (C)  (C)  (C)  (C)  (C	(e. g., in or 21c, Wholdg., etc.)  ED 21f. HG  LE 15  Tred at 12  23B. ADDRESS	CAUSE OF PART I OR HERE DID (III OCCUR?  OW DID INJU  M., from the PART I OR HERE DID (III OCCUR?	oeath. ENTER PART II in Baltimore Ci  RY OCCUR?  Aug., 19 a causes and on	ty, give ex	act location)  A I last saw the estated above.  ATE SIGNED  Thy) (State)

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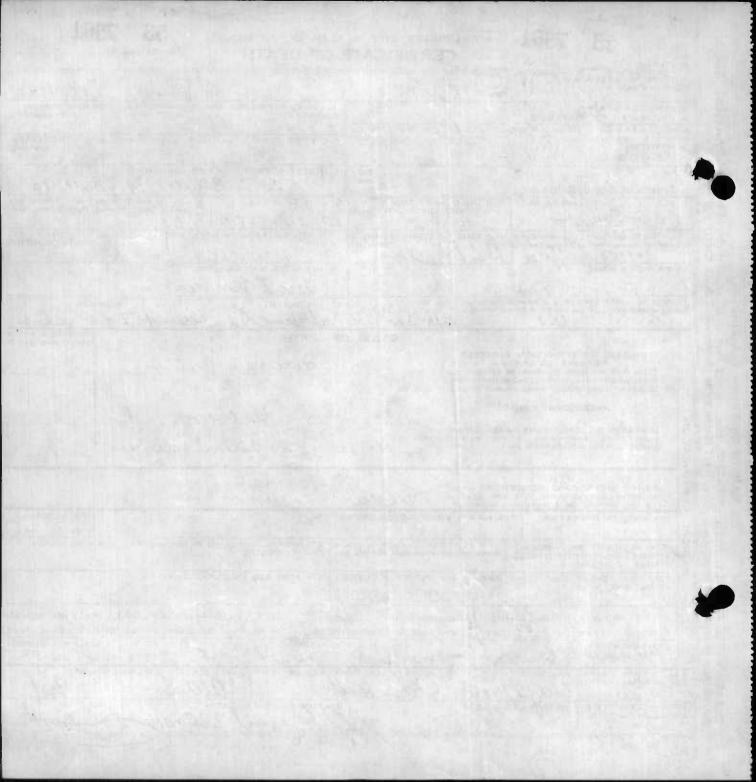


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	22		LOOK	

7561 53

BIRTH NO.  1. NAME OF DECEASED  (Type or Final)  3. PLACE OF DEATH  Raltimore City, Maryland  3. PLACE OF DEATH  A. USUAL RESIDENCE (Where deceased lived, If institution; residence on location)  B. FULL NAME OF (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution; give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution, give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution; give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution; give street address on location)  NOTIFICITION DECEASED  (If not in buspital or institution; give street address on location)  NOTIFICATION DECEASED  (If not in buspital or institution; give street address on location)  NOTIFICATION DECEASED  (If not in buspital institution; give street address on location)  NOTIFICATION DECEASED  (If not institution; give street address on location)  NOTIFICATION DECEASED  (If not institution; give street address on location)  NOTIFICATION DECEASED  (If not institution; give street address on location)  NOTIFICATION DECEASED CONDITIONS IN ANY GIVING  (II) IN ADDRESS DEVER IN U.S. ABMED FORESS IN CONDITIONS GOVERNORS DEVERS IN ADDRESS OF CONDITIONS GOVERNORS DEVERS OF CON		23 \20T	BALTIMORE CITY H	EALIH DEPARIMENT		,02
CAPE   CONTROL	BIRTH NO.		CERTIFICAT	E OF DEATH	Registered No.	
A. BELLIMORE City, Maryland Bellimore City OR TOWN Understanding on the Control of Stay in Baltimore  5. SEX B. COLOR OR RACE 7. SINGLE MARRIED B. DATE OF BIRTH B. DATE OF B	I. NAME OI	DECEASED T			2. DATE	
3. Baltimore City, Maryland  8. FULL NAME OF (If not in booptial or institution, give street address or STATE  8. FULL NAME OF (If not in booptial or institution, give street address or bootion)  8. FULL NAME OF (If not in booptial or institution, give street address or bootion)  8. FULL NAME OF (If not in booptial or institution, give street address or bootion)  8. FULL NAME OF (If not in booptial or institution, give street address or street address or bootion)  8. FULL NAME OF (If not in booptial or institution, give street address or bootion)  9. SEX (COLOR ON RACE (F. SINGLE MARRIED)  9. STREET ADDRESS (If tural, give location)  9. SEX (COLOR ON RACE (F. SINGLE MARRIED)  10. SUBJAL OCCUPATION (divinkind)  10. MAPLE DATE OF BOOTION (A) (If not side corporate limits, write RUALs and give location)  10. SEX (COLOR ON RACE (F. SINGLE MARRIED)  10. SUBJAL OCCUPATION (divinkind) IOR, KIND OF BOSINESS OR INSTANCE (State or foreign country)  10. SUBJAL OCCUPATION (divinkind) IOR, KIND OF BOSINESS OR INSTANCE (State or foreign country)  11. DIRTHPLACE (State or foreign country)  12. CITYEN OF WARDING NAME (F. SINGLE MARRIED)  13. FATHER'S NAME  14. MOCHANIC MARRIED, NAME (F. SINGLE MARRIED)  15. WAS DICKASID EVER IN U. S. ARVEG FORECES! (If you have not been divided with a subject of the subjec	(Type or Prin	ARTHUR.	GUNTRUM		DEATH AUG :	24.1953
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NOTITUTION  SOLITAL  C. Length of stay in Baltimore  D. STREET ADDRESS (Il fural, give location)  S. SEX  6. COLOR OR RACE  NOTION DEPOSITE MARRIED  NOTION DEVIAL OCCUPATION (Inchesidad)  10. JULIAL OCCUPATION (Inchesidad)  11. DIRTHPHAGE (Stake or foreign country)  12. STITLED (III Inchesidad)  13. FATHER'S NAME  ACTIVE IN U. S. ARMED FORCES)  14. MOCHER'S MAIDEN NAME?  15. WAS DECEASED EVER IN U. S. ARMED FORCES)  16. SOCIAL  17. JINGGMANT  17. JINGGMANT  17. JINGGMANT  17. JINGGMANT  18. MASPICATION  19. JULIAL OCCUPATION (Inchesidad)  19. JULIAL OCCUPATION (In	B. FULL NA	ME OF (If not in bospit				
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24A. BURIAL, CREMA- TION JEMOVAL (Specify)  24B. DATE  24C. NAME OF CEMETERY OF CREMATORY  24D. LOCATION (City, town, or county)  (State)  ALLOCATION (City, town, or county)  (State)  DATE RECEIVED BY REGISTRAR'S SIGNATURE  25. FUNEBAL DIRECTOR  ADDRESS				erred at 1 12:m., from the	causes and on the	aate statea above
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	1	R-13° 7562		ВА		EALTH DEPARTMENT	53 Registered No	7562	
The		RTH NO.			021(111110/(1		10.04		
d.	(T	Mary L. Robey					2. DATE OF DEATHAUG 24	-1.953	
supplied.	3.	PLACE OF DEATH: Baltimore City, Maryla	nd	-		4. USUAL RESIDENCE			
dns	В.	FULL NAME OF (If not			altimore tion, give street address o	Marylan		berore ministron,	
fully		STITUTION			location	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give	
fu	4	853	Woody	ward	St. Yrs.	D. STREET ADDRESS ()	Baltimore A	1-01	
egu	C.	Length of stay in Balti	nore	53	Mos. Days		ard Street		
ld be	-	SEX 6. COLOR OF		7. SINGL	E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years III	nder   Year   If Under 24 Hours ths: Days   Hours: Min.	
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on shou	work	A. USUAL OCCUPATION (G	ive kind of if retired)	10B, KIN	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	2. CITIZEN OF WHAT COUNTRY?	
ion cle	12	Housewife				Baltimore,		U.S.	
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in se	(Yes	s, no or ook oown) (If yes, give w	ar or dates	of service)	SECURITY NO.	Ernest Robey			
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-	ANTECEDENT CAUSES								
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TE		deceased alive on	24	, 19 5 3	and that death ocer	erred at 5 50 m., from	the causes and on the	date stated above.	
WRITE ge is esp		23A. SIMATURE	of	ham	M. D.	23B, ADDRESS muchic	fath Blog	F/LS/53	
age	24	4A. BURIAL, CREMA- ON REMOVAL (Specify)	DATE		24c. NAME OF CEMET	ERY DR CREMATORY 24D.	LOCATION (City, town, o	r county) (State)	
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De George E. Skannon

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# BALTIMORE CITY HEALTH DEPARTMENT

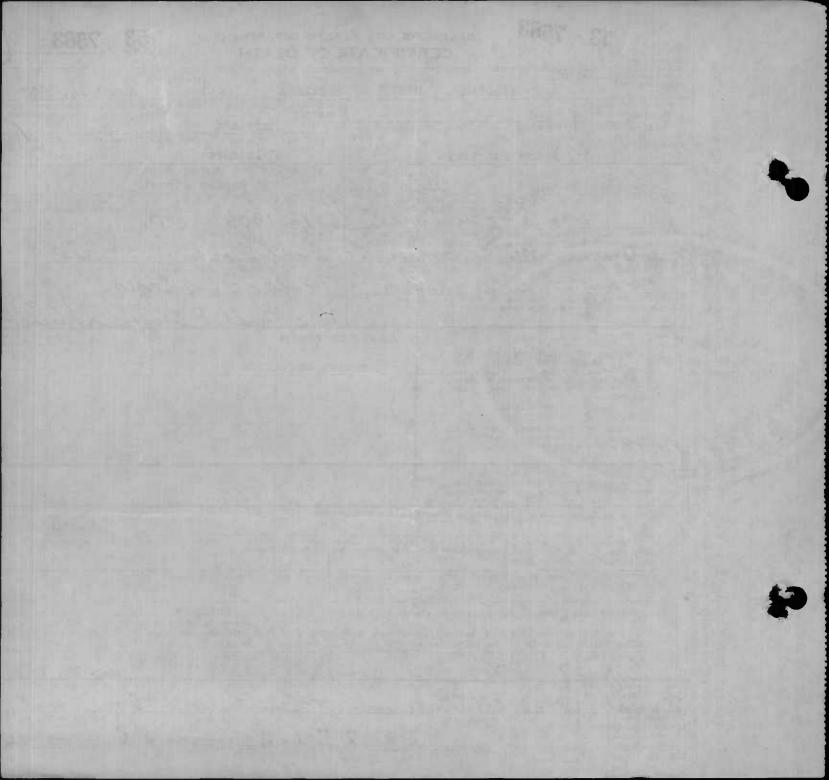
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	7000
1. NAME OF DECEASED (Type or Print) WILLIAM	HENRY	BLIZZARD	2. DATE OF	2/ 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland	HEATTLE	4. USUAL RESIDENCE (W		itution: residence before admission)
B. FULL NAME OF (If not in hospital or institution)  St. Agnes Hospital	location		outside corporate limits, w	
c. Length of stay in Baltimore	Life Yrs. Mos. Days			
34-3- Th34-	E. MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years   H Under   Months	r 1 Year H Under 24 Hours E Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 198 KIN) work done during noat of, working life, even if retired)  Manual Amana F			reign country)   12	CITIZEN OF WHAT COUNTRYS
Tohn H. Bliss	ard	Mollie 7.	Steger	
15 WAS DECEASED EVER IN U. S. ARMED FORCES (You, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs Troda	E Bliggers	REST 3 4 SI
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	g., (A) Coro	OF DEATH	70	INTERVAL BETWEEN
ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	NG		3	
OTHER SIGNIFICANT CONDITIONS CO TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE OR CONDITION CAUSING	ED	Ш		
_1	FINDINGS OF OPE	RATION		20. AUTOPSY?
	ACE OF INJURY (e. g., furm, factory, street, office bldg.		in Baltimore City, give	exact location)
Z 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
22. I certify that I took charge of the the cvidence obtained by said Aut and depth in my opinion resulted	opsy, Inspection or	Autopsy, In Autopsy, In Inquiry, find that said dec	nspection or Inquiry ceased died on the d	
23A. SIGNATURE		238. CHIEF MEDICAL E ASSISTANT MEDICAL E M.D. MEDICAL INVESTIGATO	XAMINER 23C. L	• 25, 1953
Busal 9/28/53 DATE RECEIVED BY REGISTRAR'S SIGNATI	Greenmon	+1	roll 60,	Ind.
LOCAL REGISTRAR		1/20/1	0	7.0 20 91



V S 151

js



Registered No.

ff Under 1 Year

ADDRESS

12. CITIZEN OF

before admission)

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

correct

LOCAL REGISTRAR

VS 150

20. AUTOPSY YES

(If in Baltimore City, give exact location)

1933, that I last saw the

ADDRESS

Im., from the eauses and on the date stated above. 23c. DATE SIGNED

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

BY ADEL ON TETADED THES 

LY, WITH important. WITH

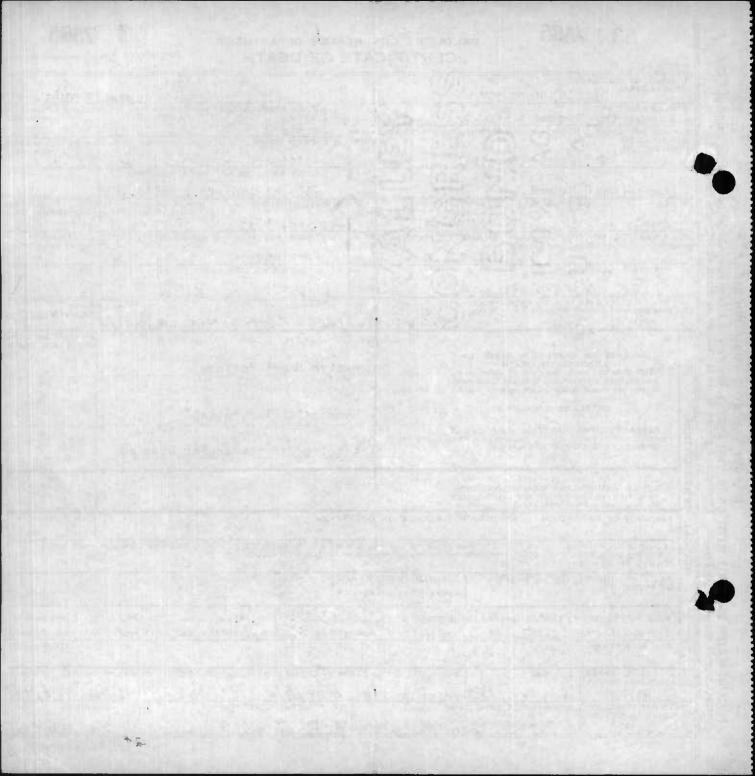
PLEASE WRITE PL.

5357565

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7565 Registered No-

BIRTH NO.	OERTH TOAT	- OF BEATT
1. NAME OF DECEASED (Type or Print)		2. DATE
EVANS MAR	ARET	OF DEATH August 23.1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland B	altimore, "aryland	4. USUAL RESIDENCE (Where deceased lived, If institution, residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospi HOSPITAL OR INSTITUTION	tal or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Joseph	Hespital	Baltimore 27-10 township)
F. I. C.	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	Life Mos. Days	711 Belgian Ave., Balto., 18
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH 9 AGE (In years) If linder 1 year       linder 2 Hause
Female Wh	WIDOWED, DIVORCED (Specify) Widowed	Dec. 29, 1895   last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Givekinde	I TOR KIND OF BUSINESS OF	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
work done during most of working life, even if retired		Manyland WHAT COUNTRY?
13. FATHER'S NAME	Horsewife	Maryland 14. MOTHER'S MAIDEN NAME
Potor Makala	مامم	Date Williams
15. WAS DECEASED EVER IN U. S. ARME	ED FORCES?   16. SOCIAL	Dorothy OLLKICK
(Yes, no or unknown) (If yes, give war or dat	SECURITY NO.	17. INFORMANT ADDRESS HAMILTAN
NO NO	171620-8848	Daughter-M15 Joseph LA Paglia
18. 42011	CAUSE	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION LEADING TO DEA	TH	44 77 4 77 4 77
(This does not mean the mode heart failure, asthenia, etc. It me	of dying, e.g., (A)	stive Heart Failure
injury or complication which	caused death.) DUE TO	
ANTECEDENT CAU	SES	
	(B)	yocardial Infarction
DISEASES OR CONDITIONS,	STATING THE DUE TO	
UNDERLYING CONDITION L		ensive Cardiovascular Disease
DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A. UNDERLYING CONDITION L UNDERLYING CONDITION L UNDERLYING TO THE DEATH, BUT TRIBUTING TO THE DEATH, BUT	STICNS CON	
	NOT RELATED	
TO THE DISEASE OR CONDITION	19B, MAJOR FINDINGS OF OPER	PATION   20, AUTOPSY?
A ISSUED OF STREET	ISB. MASON THEMOS OF OFEN	YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g., in	n or   21c. WHERE DID (If in Baltimore City, give exact location)
LYING OR CONTRIBUTING CAUSE OF DEATH	aboot home, farm, factory, street, office bldg., e	to.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year OF INJURY	r) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
OF INSURT	m. WHILE AT NOT WHILE	
22 I hamaha contife that I at	tended the deceased from 8/2	7/57 72°560 A Ma
deceased alive on 8/23/53		7/53 12:509 A., No
23A. SIGNATURE		3B. ADDRESS 23c. DATE SIGNED
1.1h	sky ful. M. D.	
24A. BURIAL, CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)	7 1653 Man Tuly Pole	may Para Balais ON BAITIMANO IL
DATE RECEIVED BY REGISTRAS	'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	tout Will great ALD	
10 73 333	T T VESTALLAR MEN	DOWN. A. MORAN, 3000 E. BALLIMONE ST
VS 150		BALTIMONEM



Cem -

25, FUNERAL DIRECTOR

Moran 3000 E. Baltimore St. Baltimore. Md.

Baltimore.

before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

aug 25-61

VS 150

REGISTRAR'S SIGNATURE

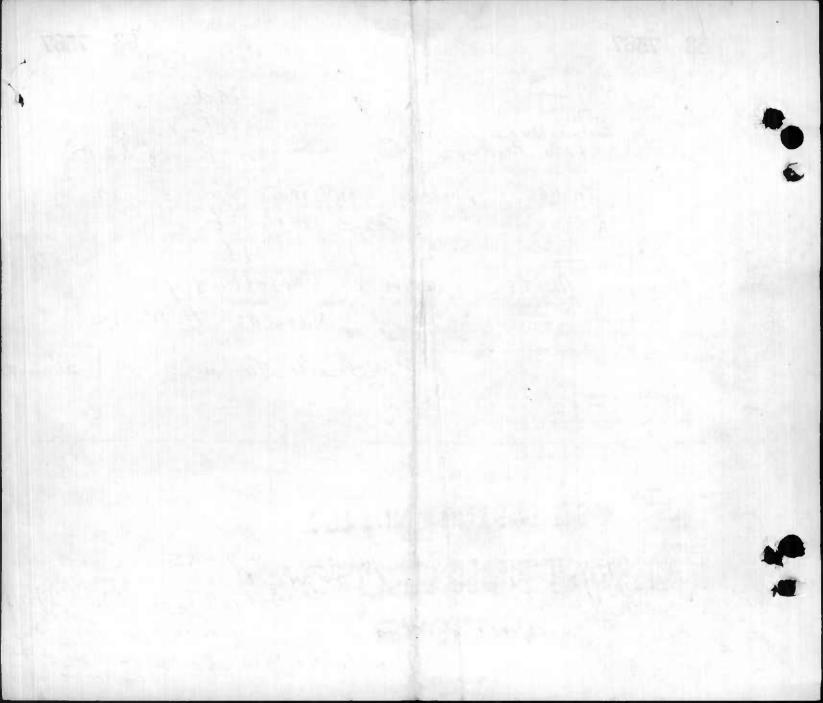
Burial

DATE RECEIVED BY

LOCAL REGISTRAR



Dillo	
7.4/ LMARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
53 7567 CERTIFICATE OF DEATH  1. PLACE OF DEATH:  1. PLACE OF DEATH:  1. PLACE OF DEATH:  1. USUAL RESIDENCE (HOME) OF DECEASED:	, 7567
	, ,
county — MARYLAND STATE Mel. COU	NTY
	and give nearest town
HOSPITAL OR INSTITUTION OR 1321 Pentwood Rd. STREET ADDRESS 1321 Pentwood	n) Rd.
DECEASED:	(Year) 2 1953
	YEAR   iF UNDER 24 HRS. Days   Hours   Min.
work done during most of working life, 1NDUSTRY:	COUNTRY?
13. FATHER'S NAME: NICHOLAS ANDREW Phillips 14. MOTHER'S MAIDEN NAME: MATTINGLY	
NICHOLAS ANDREW Phillips MATTINGLY  15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: NICHOLAS A PRICE  223 X 18. MEDICAL CERTIFICATION	ps
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Betwee Onset And Deat
Immediate cause  (a)  DUE TO  Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (b)  (c)  11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not	
related to the disease or condition causing death.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)  19b. MAJOR FINDINGS OF OPERATION  (COUNTY)	20. AUTOPSY ?
	Yes No
MOUNT	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   HOW DID INJURY OCCUR?   While at Not While   Not Work   At Work	
22. I hereby certify that I attended the deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	county) (State)  Jimole Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR JOHN A. MORAN, 3000 E. BAL	ADDRESS
	Timore Md.



C- 100 53 7568

	LY, WITH important.
MARGIN	WITH UNFADING INK ortant. Physicians: pleas
RESI	INI

무	BIRTH NO.				
I	1. NAME OF DECEASED (Type or Print)	2. DATE OF C. (27)			
ed.	Mrs Katherine CAVE 9	DEATH 8 1 3 5 5			
supplied	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence A. STATE B. COUNTY before admission)			
[ns	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)				
IIy	INSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
of a	BON SECOUTS HOSPITZL	D. STREET ADDRESS (If rural, give location)			
5.0	Mos.	100 - 1 - 11 (1)			
be ld ld	5. SEX   6. COLOR OF RACE   7. SINGLE MARRIED	18 DATE OF BIRTH   9 AGE (In years) If linder I Year   If linder 24 Hours			
	WIDOWED, DIVORCED (Specify)	10/26/28   last birthday) Months Days Hours Min			
information should s of death clearly a	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	1 V. BIRTHPUACE (State or foreign country)   12. CITIZEN OF			
on s	work done during most of working life, even if retired)  HOUSE WIFE	Baltimore U.S. A			
tio th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
death	Daniel Sullings	Rose Mannine			
of o	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS			
f ir	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Miss Eilene Cavey 1903 W. Favette			
eauses	18. 3 3 1 V CAUSE	OF DEATH INTERVAL BETWEEN			
ten e ca	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH			
Every item write the cau	(This does not mean the mode of dying, e.g., (A)	Ebral Hemorrhage bhours			
Ever	heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	per tension			
ple	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
NG IS:	(C)				
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON-				
YSic	OTHER SIGNIFICANT CONDITIONS CON-				
Ph	TO THE DISEASE OR CONDITION CAUSING IT.				
H.	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?			
WITH rtant.	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (6. 8	in or   21c. WHERE DID (If in Baltimore City, give exact location)			
, V	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	eto,) INJURY OCCUR?			
LY, WITH important.	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
	OF INJURY WHILE AT NOT WHILE				
PT	m. work AT WORK	4 8/22, 1953, to 43 AM 8/33, 1953, that I last saw the			
-	22. I hereby certify that I attended the deceased from 10 20 deceased alive on 12 8/22, 1953, and that death occur	rred at 4 4 m., from the causes and on the date stated above.			
RIT is e	23A. SIGNATURE	23B. ADDRESS   23c, DATE SIGNED			
WE	arthur C. Hnight M.D.	Bon Secouts Hospital 18/23/53			
PLEASE WRITE correct age is esp	24A, BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or counts) (State)			
AS	Burial Aug. 26, 1953 New Cathed:				
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
H 0	Thurlington Weilfallly	KRAUSE FUNERAL HOME 1216S. CharlesSt			
1.0	11C V\$1150 10				

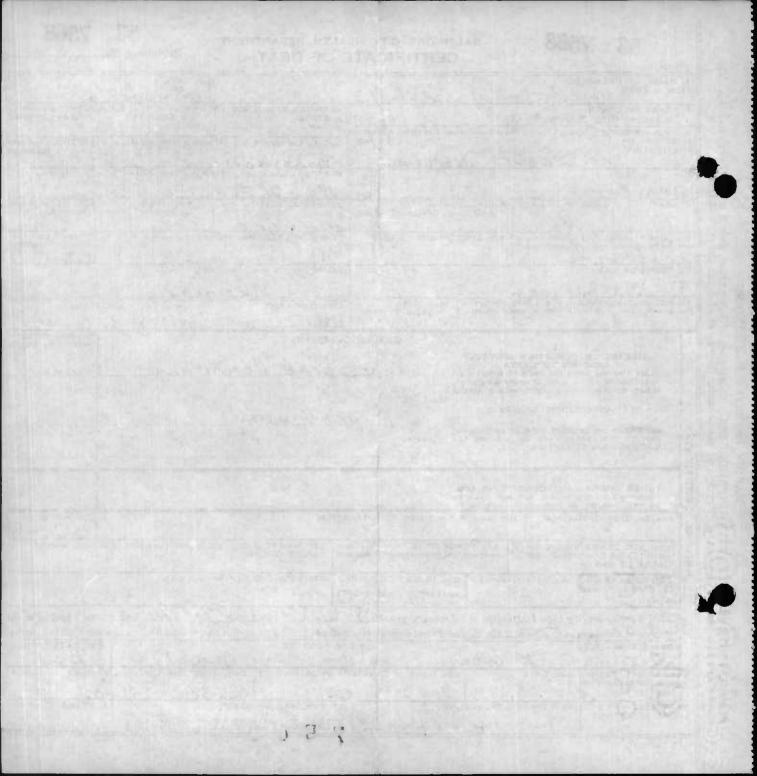
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

7568

53

Registered No.



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ha	53	7569

## BALTIMORE CITY HEALTH DEPARTMENT

53 7569
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The	BIRTH NO. CERTIFICATE	E OF DEATH Registered No.				
	1. NAME OF DECEASED (Type or Print) ZOUBEK, Frank	2. DATE OF DEATH August	24 1053			
efully supplied.	a. Baltimore City, Maryland Baltimore, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Maryland				
efully	Institution St. Joseph Hospital Yrs.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore 5 D. STREET ADDRESS (If rural, give location)				
legi	c. Length of stay in Baltimore 45 5rs. Mos.	802 N. Glover Street				
uld b	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Male   Wh   Married	8. DATE OF BIRTH 9. AGE (In years   10 Und last birthday) Month	of 1 Year If Under 24 Hours S. Days Hours Min.			
on sho	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  retired tailor  IOB. KIND OF BUSINESS OR INDUSTRY  Lebow Bros.	11. BIRTHPLACE (State or foreign country) 12 Czechoslavakia	CITIZEN OF WHAT COUNTRY? U.S.A.			
rmati	13. FATHER'S NAME Frank Zoubek	14. MOTHER'S MAIDEN NAME Anna Hodek				
f infor	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 213-09-5559	17. INFORMANT ADDRESS Anna Zoubek, wife, above				
Every item of information should be write the causes of death clearly and	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO					
UNFADING INK. I Physicians: please w	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ensive Cardiovascular Disease				
UNFAD	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
rrH I	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER		YES NO			
LY, WITH important.	WHILE AT NOT WHILE					
7						
PLEASE WRITE PL correct age is espect	22. I hereby certify that I attended the deceased from 8/1 deceased alive on 8/24/53, 19 and that death occur 23A. SIGNATURE	red at 2:15A m., from the causes and on the	hat I last saw the date stated above.			
EASE W	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify) Aug. 26, 1953 St. Francis C	RY OR CREMATORY 24D. LOCATION (City, town, or Abingdon, Md.				
PL	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Schimunek Funeral Home, In 2601-3-5 E. Madison St.	DDRESS			

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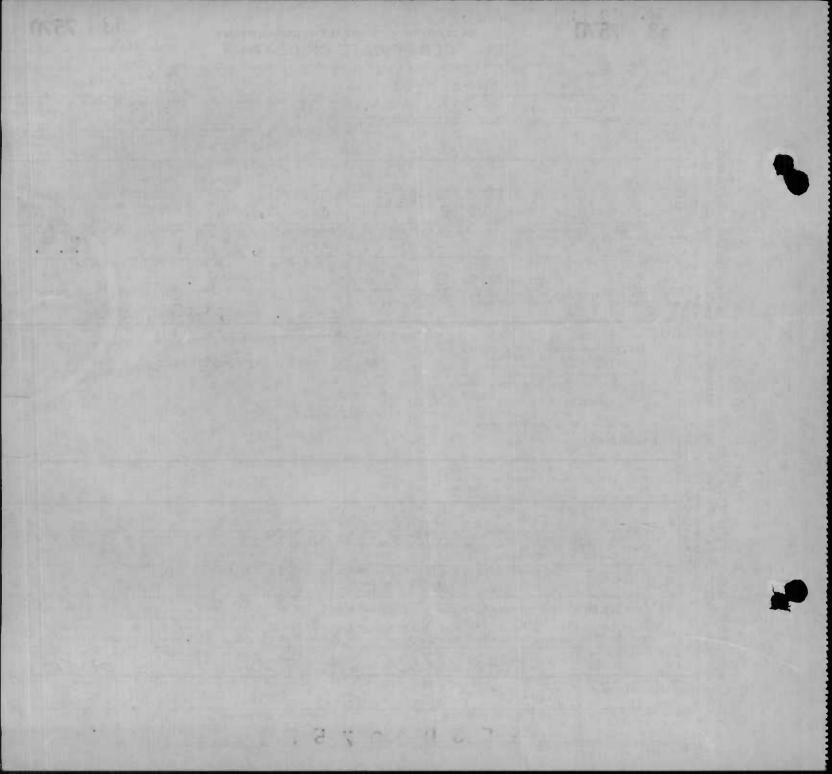
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	53 7570	BA	CERTIFICAT	EALTH DEPARTMENT	Registered 1	
-	IRTH NO.					
	. NAME OF DECEASED Type or Print)	CL LOT	TA YOUNG		OF DEATH 8/2	4/53
A	. PLACE OF DEATH: . Baltimore City, Maryland		L'nwood Ave.	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived, If B. COUNTY	institution: residence before admission
H	. FULL NAME OF f not in hosp IOSPITAL OR NSTITUTION	ital or institu	tion, give street address or location)		outside corporate limit	s, write RURAL and give township
0	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5	. SEX 6. COLOR OR RACI		E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH July 12, 1904	9. AGE (In years last birthday) Mo	Wader I Year If Under 24 Hours on the Days Hours Min.
WO	OA. USUAL OCCUPATION (Give kinds  L'done during most of working life, even if retire  housewife	1)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Mary		12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN NA		•
	Richar	rd E. Le	wis	laggie	E. Hall	
1 (Y	5. WAS DECEASED EVER IN U.S. ARM es, no or unknown) (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Albert E. Young,		DDRESS
ERTIFICATION	(This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAU  DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION I)  OTHER SIGNIFICANT CONTIRIBUTING TO THE DEATH, BU	eans the disease caused death USES  IF ANY, GIVII D) STATING THE	(B) CARCÍ  NG  HE DUE TO  (C)	nomæ. of rectum		
CER	TO THE DISEASE OR CONDITIO	N CAUSING	т	1-101		
1	19A. DATE OF OPERATION		inoma of recti			YES NO
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB UTING   CAUSE OF DEATH	21B. PL/ about home,	ACE OF INJURY (e. g., i. farm, factory, street, office bldg.,	n or   21C. WHERE DID (I.	f in Baltimore City, g	
Σ	21D. TIME (Month) (Day) (Year OF INJURY		21E. INJURY OCCURR WHILE AT WORK	ED 21F. HOW DID INJURY	occur?	
	22. I certify that I took cho the evidence obtained by and death in my opinion	rge of the	remains described a		inspection or Inquiry ceased died on th	thereon and from the day stated above andetermined \( \square \).
	23A. SIGNATURE	286	-0.	238. CHIEF MEDICAL E ASSISTANT MEDICAL E .D. MEDICAL INVESTIGATO	EXAMINER 23	C. DATE SIGNED
TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify) burial 8/27/5	3	24c. NAME OF CEMETE	RY OR CREMATORY 24b. Lo	CATION (City, town,	aryland /
	ATE RECEIVED BY REGISTRAF	R'S SIGNATU	JRE	25. FUNERAL DIRECTOR	eral loss T	ADDRESS

pselimpek furral loo, Inc.

V S 151



W-456 53 7571

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7571 Registered No.

The	BII	RTH NO.			CERTIFICAT	E OF DEA	117	***************************************	
H		NAME OF DI				2. DATE			
d.	(T <sub>3</sub>	ype or Print)	Willner				25, 1953		
e carefully supplied. legibly.	3.	PLACE OF DI		4. USUAL RES	IDENCE (W	here deceased lived. I	If institution: residence before admission)		
dn	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or					aryland		before aumission)	
20	HOSPITAL OR location)							its, write RURAL and give	
₹.	114	STITUTION	4602 Wal	ther Bl	vd.	B	altimo	re 2 -	7-0 Ltownship)
bly	V		3000		Yrs.	o. STREET AD	DRESS (If	rural, give location)	
cal	С	Length of st	tay in Baltimore		Mos. Day:		alther	Blvd.	
be ld ld		SEX	6. COLOR OR RAC		E. MARRIED.	8. DATE OF BI		9. AGE (In years)	H Under 1 Year   H Under 24 Hours
should be	fe	Cemale white widowed, Divorced (Specify)					Oct. 21, 1879   last birthday) Months Days Hours Min.		
ADING information shoul of death clearly					11. BIRTHPLAC			12. CITIZEN OF	
lea	work		f working life, even if retire	d)	INDUSTR	Baltimo	no Mon	milond	U.S.A.
n c	13	at ho		1		14. MOTHER'S	MAIDEN NA	MF	U. D. H.
nat									
BINDING of inform uses of des	16		ick Appel	ED FORGERS	1 46 60614	Elizabe			
info	(Yes	, no or uoknown)	ED EVER IN U.S. ARM (If yes, give war or do	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDRESS
of ses						Mr. Geor	ge Wil.	lner, 4602	
	0	18.442	X		CAUSE	OF DEATH			ONSET AND DEATH
FOR item		DISEAS	E OR CONDITION	DIRECTLY	1	1/1	7		7//
中中		(This does	LEADING TO DE	of dying, e. 1	8., (A) DS	onchi for	umu	ma	36 krs
Ever Write			re, asthenia, etc. It m complication which			11			
WE						0	,		
RESERVED INK. Ever please write	7		ANTECEDENT CAL	JSES	in Ceres	heal Hen	rorrh	uge.	3 daws
MARGIN RESE UNFADING INK. Physicians: please	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
E 5 a						Tensino Par	lingua	ular rend de	LOUIS MARA
MARGIN NFADINC hysicians:	0				(c) regimen	William Carle	un process	www.newala.as	and for J
RC AD cia	1		- 11		0.				
MA VF	E E		DEATH BUT NOT			*			
PG 7	Ü		R CONDITION CAUSI		TION FOR WINGING				
	A L	19A. DATE O	F OPERATION	WAS PERFO	TION FOR WHICH ORMED	DPERATION	CAUSE O	TION WAS RELATED F DEATH, ENTER OR PART II	
VI	CA		ENT WAS UNDERL	YING 218	PLACE OF INJURY	(e. g., io or 21c. W	HERE DID (		
OOL	ED		BUTING CAUSE OF THE MEDICAL EXAMINATION OF THE MEDICAL EXAMINATION OF THE PROPERTY OF THE PROP	OF about	home, furm, fuctory, street, off	ce bidg., etc.) INJUR	OCCUR?		
LY	Σ				21- IN HIRV OCCUP	215 116	DID IN	UEV OCCUES	
N. N.		OF INJURY	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCUR WHILE AT NOT W		באו סום אכ	URY OCCUR?	
L'A all				m.	WORK AT WO	ORK L		C1 -	-
P			y certify that I a		deceased from	8/2/	953, to	8/25 , 19	3, that I last saw the
LE			live on 925		and that death occ		m., from ti	he causes and on	the date stated above.
WRITE PLAINLY, WITH		23A. SIGNA	TURE	9/		238. ADDRESS	und v	2 1	23c. DATE SIGNED
E W.			chory &	Show	as M.D.	1600	Web K	oad	on, or edunty) (State)
	710	AA. BURIAL, (S	CREMA- 2/48. DATE		24c. NAME of CEMET	1		OCATION (City, tow	n, or county) (State)
SAS		Burial	Aug.	1953	Oak Lawn	Cemetery,	Bal	timore, Ma	ryland
PLEAS		ATE RECEIVE	D BY REGISTRA	R'S SIGNATI		FUNERAL	PIRECTOR	6	ADDRESS
H O	116	25 195.	) HTA	9 5 1	1119 1200	Loonard	Ruc!	305 He	rford Road.

Dr. Anthony Thoman

MARGIN RESERVED FOR BINDING

M-53 37372

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7572
Registered No	183.41

	1. (T)	NAME OF Divpe or Print)	EDWA	RD	T. M11	11DGE	2. DATE OF DEATH 2	3 AUG'53	
		PLACE OF DI Baltimore C	EATH: ity, Maryland			4. USUAL RESIDEN	ICE (Where deceased live	d. If institution; residence y before admission)	
	В. І	FULL NAME	OLL NAME OF (If not in hospital or institution, give street address or location)  OCITY OR TOWN (If outside corners te lim						
		STITUTION							
	5	9	1) M/+R 12AMD						
	c. Length of stay in Baltimore					3010	10XA	8-01	
		SEX	6. COLOR OR RACE	9. AGE (In year	s If Under 1 Year   Il Under 24 Heurs   Months; Days Hours; Min.				
		1ale	While	Ma	ED, DIVORCED (Specify)	Teb. 23-19	0   52		
	work	done during most o	CUPATION (Give kind of working life, even if retired	IOB. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta	te or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	13	FATHER'S N	SIOM INSPE	100h		Durtalo	NY	USA	
		2	AME			14. MOTHER'S MAIL	EN NAME !		
1	15.	WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	I 16. SOCIAL	17. INFORMANT		ADDRESS 3010	
	(Yee,	, no or unknown)	(If yea, give war or dat	on of service)	SECURITY NO.	Much	Ma Millida	ADDRESS 3010	
1	T	18. 500	7.0		CAUSE	OF DEATH	ta Trinega	INTERVAL BETWEEN	
		DISEAS	E OR CONDITION	DIRECTLY	10		1	ONSET AND DEATH	
		(This does	not mean the mode	of dying, e. g	(A) AC	11/5 4	4 MCREAT	1715 4 DAYS	
			re, asthenia, etc. It me complication which						
	_		ANTECEDENT CAU	SES					
	ATION	DISEASES	OR CONDITIONS,	IF ANY, GIVIN	IG	***************************************	**************************************		
	AT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
	RTIFIC				(C)				
	RT	OTHER S	II IGNIFICANT CONE	ITIONS CON	v -				
	CE		TO THE DEATH, BUT			***************************************			
	ار	19A. DATE O	FOPERATION	19B. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?	
	EDICA	21A. ACCIDE	NT. SUICIDE.	218. PLA	CE OF INJURY (e. g., i	a or   21c. WHERE DIE	(If in Baltimore Ci	ity, give exact location)	
	Σ.		Month) (Day) (Year	) (Hour)	ZIE. INJURY OCCURR	ED 21F. HOW DID 1	NJURY OCCUR?		
		OF INJURY	NON	m. v	WHILE AT WORK	Øİ,	NON	5	
		22. I hereby	y certify that I at	tended the	deceased from /	J Chry 5193,	to 23 ang, 1	9 5, That I last saw the	
	deceased alive on 23 mg, 1953, and that death occurred at 18:30 m., from the causes and on the date sta  23A. SIGNATURE  23B. ADDRESS  23C. DAT  23C. DAT								
	24	A. BURIAL, C	REMA- 248 DATE		24C/NAME OF CEMETE	RY-OR CREMATORY	240. LOCATION (City, to	own, or county) (State)	
Buria 8-27-53 Balto NATIONAL Balto								Md.	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS								
	A	11578.		91-5	N.112211 - Ma	Leonard .	Kuck &	305 Harford	
		VS 150		7		1 9			

AND THE RESERVE OF THE PARTY OF 

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24A.

PLEASE

13 - 4 2 7 53 - 7573	BALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	53 75 Registered No.	73
1. NAME OF DECEASED (Type or Print)	S. PLACHTELL		2. DATE OF DEATH 8/24/5	3
Zaromiero ereg, marrymana	titution, give street address or location)	d. USUAL RESIDENCE (WA. STATE  Washington  c. CITY OR TOWN (If	There deceased lived, If inst B. COUNTY J. C. outside corporate limits, w	titution : residence before admission)
c. Length of stay in Baltimore	Yrs. Mos. Days	O. STREET ADDRESS (If		
male white wit	IGLE, MARRIED, DOWED, DIVORCED (Specify) APPIED	8. DATE OF BIRTH Oct. 6, 1908	9. AGE (In years   1 Under last birthday)   Months	on I Year If Under 24 Hours S Days Hours Min.
10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  5110 11 27	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Gorgia		CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME . alter . Blackwell		Josie Paule		
15. WAS DECEASED EVER IN U. S. ARMED FORCES Yes, no or unknown) (If you, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di injury or complication which caused d  ANTECEDENT CAUSES	e.g., (A) Chronic (A) Chronic (A) Chronic (A)	of DEATH subdural hygroma		INTERVAL BETWEEN ONSET ANO OFATH
DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	CO			
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSIN	LATEO			
19a. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPERA	ATION		20. AUTOPSY?

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS UNDERLYING OF CAUSE OF DEATH street

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

248. DAT

WHILE AT WORK

21E. INJURY OCCURRED NOT WHILE

York 21F. HOW DID INJURY OCCUR?

21c. WHERE DID

INJURY OCCUR?

to 22. I certify that I took charge of the remains described above, held an

Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 238. CHIEF MEDICAL EXAMINER.

23A. SIGNATURE

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23c. DATE SIGNED

BURIAL, CREMA-REMOVAL (Specify) DATE RECEIVED BY

REGISTRAR'S SIGNATURE

24c. NAME OF CEMETER)

FUNERAL DIRECTOR

OR CREMATORY

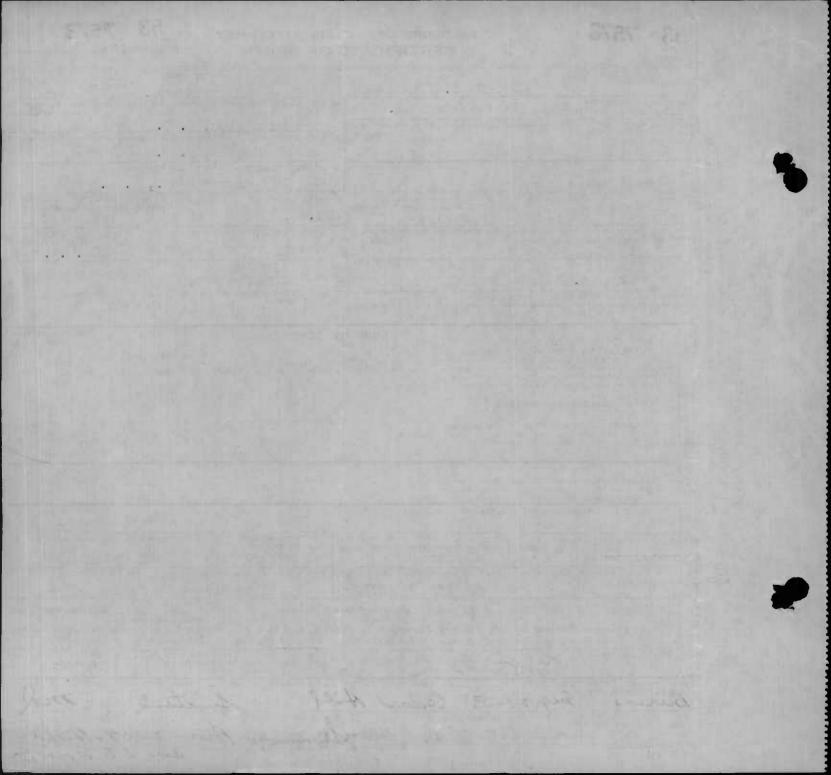
ADDRESS

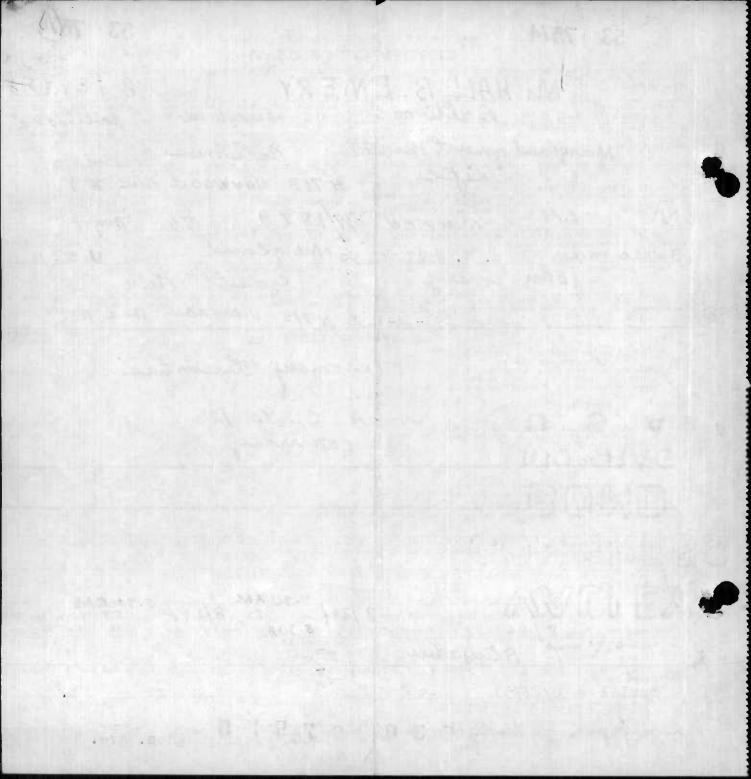
thereon and from

YES E

(If in Baltimore City, give exact location)

LOCAL REGISTRAR 151





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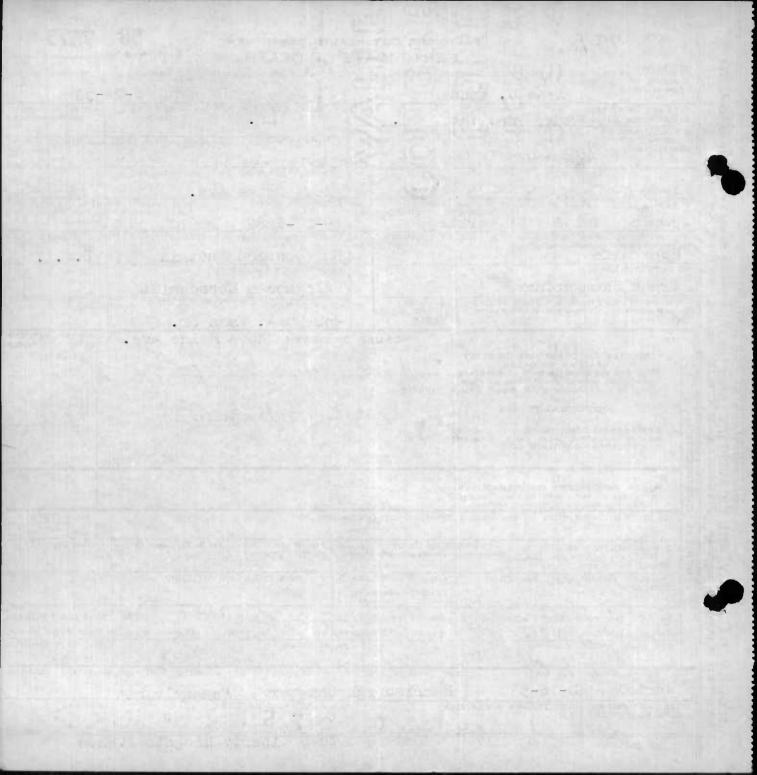
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大-5. 53 75	-
RTH NO.	
NAME OF DECE pe or Print)	
PLACE OF DEAT Baltimore City	
FULL NAME OF SPITAL OR STITUTION	
Length of stay	

# BALTIMORE CITY HEALTH DEPARTMENT

7575 53

P	IRTH NO.			CERTIFICA	ATE	OF DEATH	Registered	l No.
1	NAME OF D	ECEASED Lena (	C. Kuh	n			2. DATE OF DEATH 8-	-24-53
_^	. PLACE OF D . Baltimore (	City, Maryland		ore Md.	ess or	4. USUAL RESIDENCE A. STATE Md.		
	OSPITAL OR NSTITUTION	4604 Maine		loca	ation)	c. CITY OR TOWN  Baltimore	(If outside corporate lin	nits, write RURAL and give
1			30	, N	Yrs. Mos.	D. STREET ADDRESS		
	. Length of s	tay in Baltimore	19	years n	Days	8. DATE OF BIRTH	9. AGE (In years)	II linda I Vana   IK limita 24 linus
]	emale	White	Mari	red, DIVORCED (Sp		9-22-1882	last birthday)	Il Under I Year If Under 24 Hours Months Days Hours Min.
WO:	Housewi	CUPATION (Give kind of of working life, even if retired)	10B. KINI	O OF BUSINESS OF		Whitechurch		12. CITIZEN OF WHAT COUNTRY
1	3. FATHER'S N	NAME				14. MOTHER'S MAIDEN		O D D D D D D D D D D D D D D D D D D D
		aumgardner				Elizabeth H	lepschmidt	
d d	5. WAS DECEASE m, no or nokoown)	ED EVER IN U. S. ARMED (If yes, give war or dated	FORCES?	16. SOCIAL SECURITY N NONE	NO.	Joseph A. Ku	hn Sr	ADDRESS
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T UNDERLY	SE OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS GOR CONDITIONS, II HE ABOVE CAUSE (A) VING CONDITION LA  II IGNIFICANT CONDI 5 TO THE DEATH, BUT ISEASE OR CONDITION	I'H f dying, e.; ns the diseas aused death EES F ANY, GIVIT STATING TI ST. TIONS COI NOT RELATI	(B) DUE TO  (B) CO	rel	bolkemarheg distasculo da	seare_	onset and death about 30 mm.
		*****		FINDINGS OF	OPERA	ATION		20. AUTOPSY?
Y						`		YES NO
MEDICAL		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (effarm, factory, street, office)			(If in Baltimore City	, give exact location)
	21D. TIME ( OF INJURY	(Month) (Day) (Year)		21E. INJURY OCC	WHILE	ED 21F, HOW DID INJ	URY OCCUR?	
	22 7 1	y certify that I att	m.	-	WORK L	(0/1) 10 10	aug 24/53, 19	47 4. 7. 7 47.
			A	. //		red at 9 arm, from	/ // -	, that I last saw the
	23A SIGNAT	eller Stin	Wett	M. D		226 Jannin	a Blad	23c. DATE SIGNED
2 TI	ON REMOVALIS Burial	REMA- 248. DATE (pecify) 8-28-53					Pannsylvani	
- C	ATE RECEIVE OCAL REGIST	D BY   REGISTRAR'				25. FUNERAL DIRECTO		acos
Ā	Ugivs iso	de I Juni	ung davin	Production	0 12	4600 Libert	y Heoghts A	venue



1 000		53	75.0
53 7576		EALTH DEPARTMENT	
BIRTH NO.	CERTIFICAT	E OF DEATH Registered	No
1. NAME OF DECEASED	200-	2. DATE	
(Type or Print)	Am Kay PiTT	OF A	ugust 25,1953
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, 1	
A. Baltimore City, Maryla		A. STATE B. COUNTY	before admission
HOSPITAL OR	in hospital or institution, give street address o		its, write RURAL and give
INSTITUTION Frankli	i Square Hospital		township
36	Yrs.	D. STREET ADDRESS (If rural, give location)	-1-16
	Mos.	211 Goodale Road	
c. Length of stay in Balti			411111111111111111111111111111111111111
Male Whin	WILD CHAIRD DIVIGIOUS IS	8. DATE OF BIRTH 9. AGE (In years last birthday) N	If Under 1 Year   II Under 24 Hours   Inches   Days   Hours   Min.
	Widowed	June 4, 1874 79	
10A. USUAL OCCUPATION (G	live kind of 108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired as		Maryland	11.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	311
Thomas Jet	Herson Pitt	Ada McKnew	
15. WAS DECEASED EVER IN U.	S. ARMED FORCES?   16. SOCIAL.	7.000	ADDRESS
(Yes, no or unknown) (If yes, give w	rar or dates of service) SECURITY NO.		Boodale Rd.
no.		Mrs. Lilian Darby 2110	Joodale No.
18. 420.1	CAUSE	OF DEATH	ONSET AND DEATH
DISEASE OR COND		1. 1/1.	
(This does not mean the	e mode of dying, e. g., (A)	share, when fe ciency	
heart failure, asthenia, et injury or complication			
ANTECEDEN	T CALLEE		
			do to the
DISEASES OR CONDITE RISE TO THE ABOVE CA UNDERLYING CONDITE IT OTHER SIGNIFICANT	TIONS, IF ANY, GIVING		
UNDERLYING CONDI			
2			
11	(C)		
OTHER SIGNIFICANT		10 a la la la la	
TO THE DISEASE OR CO	ONDITION CAUSING IT.	race planeredoxephi his	
J 19A. DATE OF OPERATIO	198. MAJOR FINDINGS OF OPE	RATION 0	20. AUTOPSY?
Vone  21A. ACCIDENT. SUICIDE HOMICIDE (Specify)		to Lote white Dip (4) Division of	YES NO L
21A. ACCIDENT, SUICIDE HOMICIDE (Specify)	2 1B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		give exact location)
Σ //0.			
OF INJURY (Month) (Day			
	m. WHILE AT NOT WHAL		
22 I handhu acutif Ath	at I attended the deceased from We	part 2 , 1953, to leef 25 , 195	that I last saw th
		erred at 12.45 km., from the causes and on	
deceased alive on 23.		Z33. ADDRESS -	Lic. DATE SIGNED
Litaus	L Wine	Hackley Squere Hoes.	Mey 26 1983
	DATE 24C. NAME OF CEMET		n, or county) (State)
TION, REMOVAL (Specify)	8/27/53 Loudon Par		V
Burial			ADDRESS
LOCAL REGISTRAR	STRAR'S SIGNATURE	25. FUNERAL DIRECTOR	- Duness
4.	and faired to 1.	INM I want	V Alux
	ANGROOM VILLEBILLE MINE		

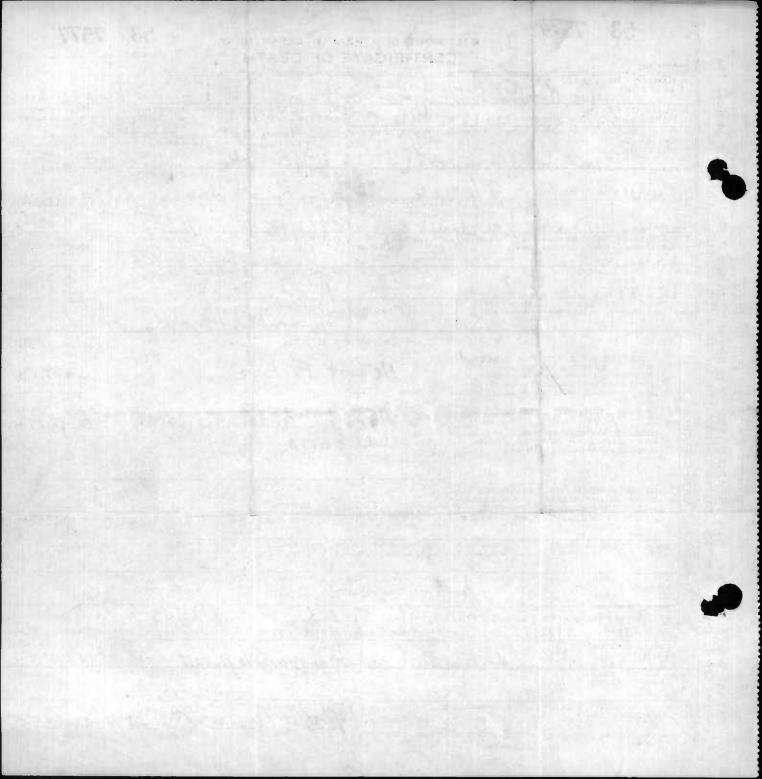
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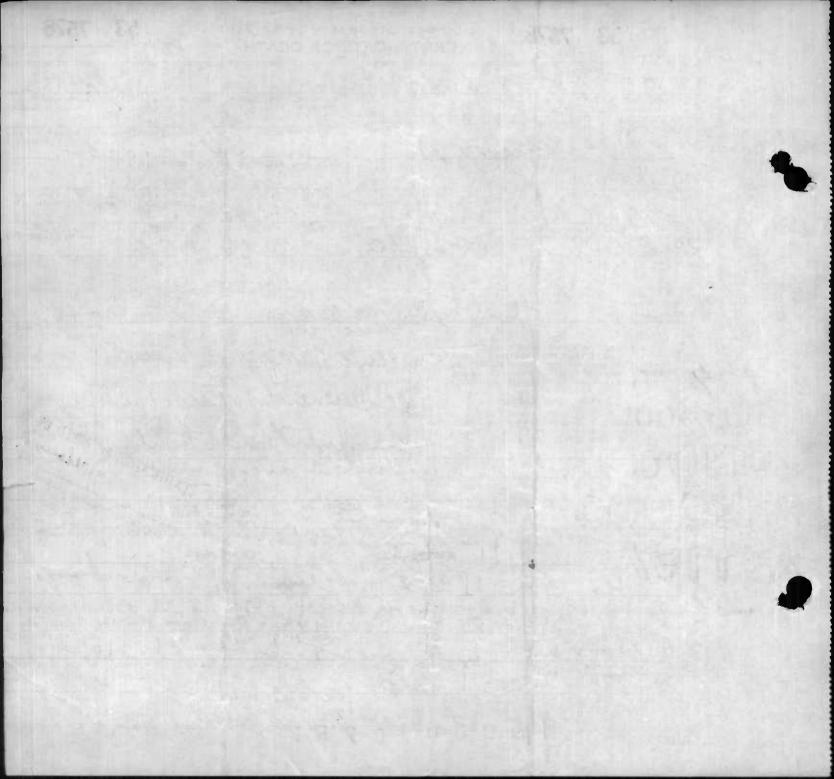
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7577
Registered	No

	_				
d. 1		NAME OF DECEASED Notte Fales Yelve		2. DATE OF 8 2 3 /	·1-3
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland Balto, md.	4. USUAL RESIDENCE (Whe	re deceased lived. If institution	: residence ore admission)
ly su	HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION	C. CITY OR TOWN (If ou	tside corporate limits, write IN	URAL and give township)
2	11	Jenkins Memorial Yrs.	p. STREET ADDRESS (If rus	ral, give location)	2
be ca	-	Length of stay in Baltimore 76 4 KS Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	BE Read S-	AGE (In years   Il Under 1 Year	H Under 24 Hours
should larly an		emale White Widowed (Specify)	8/17/8877	7 (Months Days	Hours Min.
	work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	11. BIRTHPLACE (State or forei	to Md	ZEN OF T COUNTRY?
death		FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E	
of	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (n. no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS	
of	,	18. 722.0 CAUSE	OF DEATH		RVAL BETWEEN T AND DEATH
y it		DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) Head	+ Factore	0	ept, 1902
Every write tl		heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.)			
INK.	N	ANTECEDENT CAUSES	por Arthritis	sunth An	7 4st 1903
NG II	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO COLUNDERLYING CONDITION LAST.	hexiA		
UNFADING Physicians:	H	[[ (c)		<u></u>	
UNF	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
WITH rtant.	CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER		YES	
LY, WITI	MEDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i about kome, farm, factory, street, office bldg., c	n or 21C, WHERE DID (If i	n Baltimore City, give exact	location)
ry in	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK,	ED 21F. HOW DID INJURY	OCCUR?	
Per be		22. I hereby certify that I attended the deceased from	4/5'3 30, 19 , to 8/		last saw the
WRITE e is esp		deceased alive on 8 23 53, 19, and that death occur	red at 7 m., from the	causes and on the date s	ATE SIGNED
	24	4A. BURIAL, CREMA- 24B, DATE 24C, NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CHEMATORY 2 D. LOC	ATION (City, town, or jounty	(State)
PLEASE correct ag	B	Surial 8/26/53 New Cathedral	Balt.	imore, Md.	35
PL		OCAL REGISTRAR	Hosel Meaks?	4 Box 805 M. Calo	ert St
0.1	-	DEVS 150			



	1	33 (3)(3)	HEALTH DEPARTMENT 53 7578 TE OF DEATH Registered No.				
The	ВІ	RTH NO.					
supplied.		NAME OF DECEASED Elizabeth W.	BECKEH 2. DATE 8/23/53 430 M.				
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  B. COUNTY before admission)				
	H	FULL NAME OF (If not in hospital or institution, give street address of coation location					
ully	IN	STITUTION 706 airquith st	Balta In- 12 township)				
carefully egibly.	-	Yrs.	D. STREET ADDRESS (if rural, give location)				
	c.	Length of stay in Baltimore Day:	706 aisquith st.				
d be	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	(y) 8. DATE OF BIRTH 9. AGE (In years II Under 1 Year Months Days Hours Min.				
E A	Y	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
		a dong during moet of working life, even if retired)  Ept. Hanaoen  U. 7. Gnant					
ttio	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
(DING information of death cl	-	George Beeken	Emma Boss				
BINDIN of infor	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown)  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT ADDRESS 12. Kathenine Beeken Tob Gismith J.				
		18. 1 2 2 1 CAUSE	OF DEATH				
OR item e cal		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
F 54		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	I Myscardia facilic				
VED Ever write		injury or complication which caused death.) DUE TO	acception and in all				
F-7 • 0)	Z.	ANTECEDENT CAUSES	agentimo caraco vasques				
r Is	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	yeartischi arthurt grooved and				
MARGIN NFADING hysicians:	TIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	to Aniral Spine REMINION OF BEXAMMER.				
MA INF	CER	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CEN.				
TH U	AL O	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION IF OPERATION WAS RELATED Q CO. AUTOPSY?  CAUSE OF DEATH, CHIER SN YES NO DE NO.				
, WI	EDIC/	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21c. WHERE DID (If in Malting City, give exact location)				
E A	Z	OF INJURY (Month) (Day), (Year) (Hour)   21E. INJURY OCCUR WHILE AT NOT W WORK AT WORK	HILE				
PL		22. I hereby certify that I attended the deceased from	See 4, 1953 to \$ 22, 1953 that I last saw th				
TE		deceased alive on \$1 22.19.53 and that death occ	curred at 4 A m., From the causes and on the date stated above				
2.29		GIA NOTUSEUM M. D.	2048. Deddle St 8/24/63				
स्र ह	2   TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEME	TERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)				
PLEASE W		Burial 926/53   Loudon	25. FUNERAL DIRECTOR ADDRESS				
PL		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	Ura Cook Suc. 1217 St. Paul J.				
	T	U vs.) so	7570				
	11	29	060				



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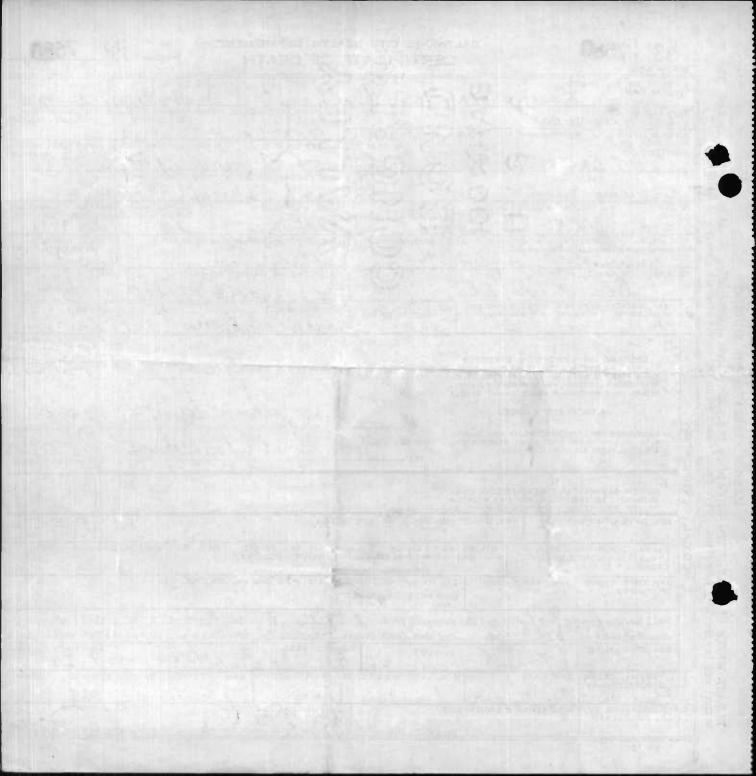
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### BALTIMORE CITY HEALTH DEPARTMENT

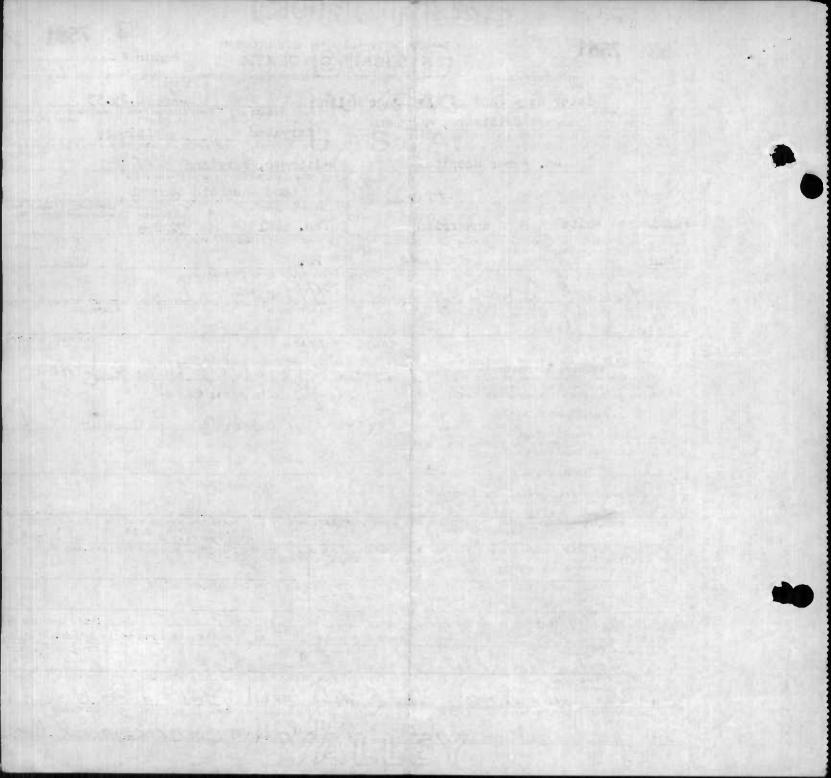
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gistered No	

	RTH NO.	ECEASED		CERTIFICAT	E OF	DEATH	Registered	
	ype or Print)	WARD, HARR	Y				OF .	ast 25, 1953
B. HC	FULL NAME OSPITAL OR STITUTION	Of (If not in hospit	al or institution	Maryland of, give street address or location)	A. STATE	aryland or fown ()	Where deceased lived, B. COUNTY	If institution: residence before admission nits, write RURAL and give township
1		St. Joseph He	ospital	Yrs.		altimore,	f rural, give location)	2=01
	Langth of s	tay in Baltimore	Life	Mos.		Homewood		
5.	SEX	6. COLOR OR RACE	7. SINGLE. WIDOW	D, DIVORCED (Specify)	8. DATE	OF BIRTH	9. AGE (in years)	If Under I Year   Il Under 24 Hours Months Days   Hours   Min.
_	ale	CURATION (G: N-1-1-	Separ			7. 1882	71 yr	
work	done during most	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	INDUSTRY		PLACE (State or vland	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S I	ugh Wa	erd			idail	Same	on
15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFO	RMANT		ADDRESS
ERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO  Cerebre—Vascular Accident  (A)  Cerebre—Vascular Accident  (B)  Generalized Arteriosclerosis  DUE TO  DUE TO  CEREBRE—Vascular Accident  DUE TO  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO							ONSET AND DEATH
L	TO THE DISEASE OR CONDITION CAUSING IT.							20, AUTOPSY?
21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							YES NO YOUR Y, give exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT WORK AT WORK							
	22. I hereby certify that I attended the deceased from 8/23/53, 19, to, 19, that I last saw the deceased alive on 8/25/53, 19, and that death occurred at 12:05 km, from the causes and on the date stated above							
	23A. SIGNA	ture . hancel & St	antiag	<b>м</b> . D.	23B. ADDR	ESS		23c. DATE SIGNED
TIC D/	ATE RECEIVE	D BY   REGISTRAR	1953	Catheo	25, FUNE	ERAL DIRECTOR	seld goot	ADDRESS Beddle St
TÜ	5 Vs 950	3	7.1500		YUS	Wilde	feld 9006.	Visidale V



		53 7	581	BA	LTIMORE CITY HE	EALTH DEPAR	RTMENT		1.00	2T
The	BI	RTH NO.			CERTIFICAT	E OF DEATH Registered No				
H	1.	NAME OF D	ECEASED			2. DATE				
d.	(T	ype or Print)	Sister Mar	y Paul	of the Cross Wa	alsh		DEATH 8.	25.53	
plie	3.	PLACE OF D Baltimore (	FATH.		re, Maryland	4. USUAL RES	IDENCE (W	here deceased lived.  B. COUNTY		residence ore admission
ins	В.	FULL NAME.			tion, give street address or	2.0	nd	Balai		
ly ly	IN	STITUTION			location)	c. CITY OR TOV	NN (If	outside corporate li	mits, write RU	RAL and give
eful ly.		40	St. A	gnes Hos		Baltimore	, Maryl	and /	1-06	
should be carefully supplied. early and legibly.	c.	Length of s	tay in Baltimore		3 9 VRS Days			rural, give location) rd Convent		
be		SEX	6. COLOR DR RAC		E, MARRIED.	8. DATE OF BIR	RTH	9. AGE (In years last birthday)	If Under I Year	H Under 24 Hours Hours   Min.
uld y aj	Fe	male	White	unma	WED DIVORCED (Specify)	Feb. 188	1	72 Yrs	Months Days	Hours Aim.
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cle		Nun		50	CYLAR.	Pa.			USA	
atic	13	. FATHER'S	NAME X	7	-/	14. MOTHER'S	MAIDEN NA	ME		
VG rm dea		MIC	hAEL D.	WAL.	Sh	CILE.	NI	phin		
NDING information shouls of death clearly	15 (Yes	. WAS DECEASI	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
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100	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								Tensive of	4703
Every ite		injury or complication which caused death.) DUE TO Card 10 - Viscular disease								
63			ANTECEDENT CA	USES	P. L.	1/1	1 ./	· , 1	1 1	0/ 4/
RESEI INK.	ON	DISEASES OR CONDITIONS, IF ANY, GIVING								
E I	ATI	RISE TO T	HE ABOVE CAUSE (	A) STATING T	HE DUE TO					
MARGIN F UNFADING Physicians: p	O O				(C)	***************************************	•••••	***************************************		
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MA NF.	ERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
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AII		OF INJURY		m.	WHILE AT NOT WHI	LE C	5167	1		
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SE	TI	N. BURIAL	Specify		24c. NAME OF CEMETE	11 1		CATION (City, to		. )
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7 2.	1 201	TIE RECEIVE	L DI I KEGISTIKA	A S SIGNAT	UNG.	EJ. FUNERAL L	-INECTOR		/ ADDITES	~

To Williams GEO. W. Schwab 2101 Frederick AVE.



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	5	53 7582  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.——									
	BIRTH NO.										
		NAME OF D ype or Print)		ster Edwin Mack	2. DATE OF DEATH Aug. 20, 1953						
	Α.		City, Maryland		A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)						
	HC	FULL NAME SPITAL OR STITUTION	US PHS H								
- N	5	7	Baltimor	re 11, Md.	Baltimore D. STREET ADDRESS (If rural, give location)						
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pi le		SEX SEX	6. COLOR OR RACE	Days 7. SINGLE, MARRIED.	8. DATE OF BIR	TH 9. AGE (In years II Un	der I Year   It Under 24 Hours hs; Days   Hours   Min.				
L I A	Male White			Single Single	Nov.16, 18	lis Days Hours arm.					
	10. work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN						
- 11		Able sea		Seafaring	Califor		USA				
death	13	Charles			Mary	MAIDEN NAME					
of de	15	. WAS DECEAS	ED EVER IN U.S. ARME	D FORCES?   16. SOCIAL	17. INFORMANT	r ADI	DRESS				
	(Yes	Yes	(If yes, give war or date	546 16 5485	Records, US PHS Hospital, Balto., Md.						
causes	6	18. 017	Χ.	CAUSE	OF DEATH	OF DEATH					
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		heart failt	s not mean the mode oure, asthenia, etc. It mes	ral	Approx.						
wri		injury or	complication which of								
se	z	3.6	irenals, bilateral	Unknown							
ples	9	RISE TO	S OR CONDITIONS, I	STATING THE DUE TO							
.: SI	CA	UNDERLYING CONDITION LAST.  (C)									
Physicians: please write	H										
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	L C	19a, DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 2									
tan	EDICAL	WAS PERFORMED  CAUSE OF DEATH. ENTER IN YES  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (c. g., in or 21c. WHERE DID (If In Baltimore City, give exa about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?									
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pecially important.				m. WHILE AT NOT WH	к □ ] 0	ť2 Am 20 ď					
bec		22. I here	by certify that I at	tended the deceased from Au 2, 1953, and that death occu	18. 12 , 19	53, to Aug. 20 , 19 5;	that I last saw the				
s es		23A. SIGNA		HII TON	23B. ADDRESS		23C. DATE SIGNED				
e is		A.E	.Hunter, Clin	ical Director M.D.	USPHS Hosp:	ital, Balto., 11, Md	8/25/53 r county) (State)				
t age	71	BURIAL,	Spechy) 248. DATE	21/17 1000	4	RY 240. LOCATION (City, town, o	reduity) (state)				
correct	A	ATE RECEIVE		26/33   Irlemu	1 25- EUNERAL E	DIRECTOR O	ADDRESS 2024				
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PLEA

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7583 CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF WRINSTEIN DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH A. Baltimore City, Maryland Ilna B. COUNTY A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION DINGI D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) adones 10A USUAL OCCUPATION (Give kind of 108 KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Horne Mosed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH FOR DISEASE OR CONDITION DIRECTLY OYEIWhelmING LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) .... RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE ш DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from. . and that death occurred at 12:22 An., 19 9 3 deceased aline on C 23B. ADDRESS 23A. SIGNATURE

IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) 19 53 that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town; or county), / 24B. DATE CREMA-24c. NAME/OF CEMETERY OR CREMATORY 24A. BURVAL. TION, REMOVAL (Specify) Zarral DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS SIGNATURE LOCAL REGISTRAR VS TEG

before admission)

If Under 1 Year

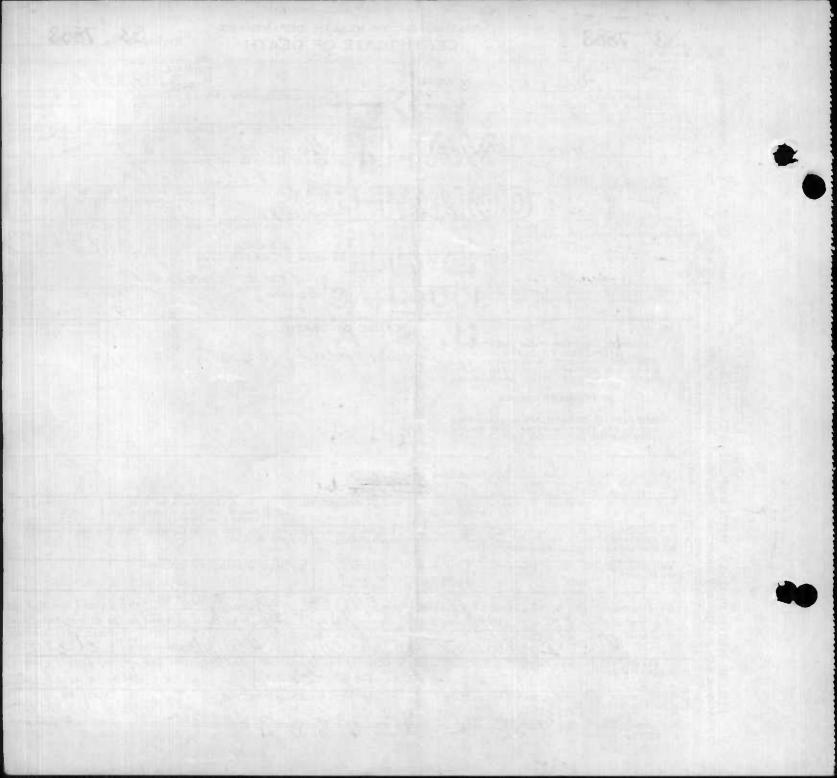
ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH



The

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 30\_ 7584

1. NAME OF (Type or Print		SEDRO	WICZ.	JEN DE	OWICZ) 2. DATE OF DEATH	aug. 23	1952	
3. PLACE OF A. Baltimore	DEATH: City, Maryland	351 a	ndre St	A. STATE	SIDENCE (Where deceased	d lived, I institution : re-	sidence admission)	
B. FULL NAM HOSPITAL OF		tal or institution,	give street address o location		yland	orate limits, write RURA	t and other	
INSTITUTION				Ball	imase /	24-01	township)	
12			Yrs.	D. STREET AD	DRESS (If rural, give lo	eation)		
	stay in Baltimore		Mos. Days	135	1 andr	e St.		
5. SEX	6. COLOR OR RACE		ARRIED. , DIVORCED (Specif)	8. DATE OF BI	last birt	hday) Months Days He	Under 24 Hours ours Min.	
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work done during me	OCCUPATION (Give kind of ost of working life, even if retired.		INDUSTR	Do	nd-		OUNTRY?	
13. FATHER'S	- Wife	2			MAIDEN NAME			
Stan	islaw S	swins	ki		21		/	
15. WAS DECE	ASED EVER IN U. S. ARME	D FORCES?   10	SECURITY NO.	17. INFORMAN	IT	ADDRESS	7	
(100, 20 0) 02220	(11 308, 210 11 81 61 616		SECORITY NO.	Walt	er Jedr	owiez,		
18. 0/	ox and oc	2X	CAUSE	OF DEATH	. (		BETWEEN NO DEATH	
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	ilure, asthenia, etc. It me or complication which		DUE TO					
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Z			(B) ()W	would	1 du Carre	sky!		
O DISEAS	SES OR CONDITIONS, IN THE ABOVE CAUSE (A)		OUE TO					
O DISEASE TO UNDER OTHER S	LYING CONDITION L	AST.	(C)	CERTIFIC	ATION APPROVED B	37		
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OTHER S	BIGNIFICANT CONDITIONS			Touch	1. Jachnoop	(, D <sub>s</sub>		
1.1	E DEATH BUT NOT	G 1T.		Muse of	ASSE MEDICAL EXAMINER	,		
of Wan	PROPERATION O	198. CONDITION	N FOR WHICH C	PERATION	IF OPERATION WAS R CAUSE OF OEATH, PART I OR PART II		OPSY?	
U 21A. ACCI	DENT WAS UNDERLY	ING   21B. PL	ACE OF INJURY		HERE DID (If in Baltim	nore City, give exact lo	cation)	
田 DEATH (N	RIBUTING CAUSE O		, farm, factory, street, offic	e bidg., etc.) INJUR	YOCCORY			
210. TIME	(Month) (Day) (Year		INJURY OCCURE		OW DID INJURY OCCU	R?	(	
OI INSOIT	-		NOT WH					
22. I het	Tof certify Oat & at	tended the de	ccased from	10 11	953, to lly 23	, 19 <b>5</b> , that I las	t saw the	
deceased	MATHERS JELLY 2	0, 19 3, and	d that death occi		m., from the causes of			
23A. SIGN	ATURE (1. Del	ewich	м. О.	1337S	clearly SI	23C. DATE	53.	
24A. BURIAL TION, REMOVAL	. CREMA- 24B. DATE	240	NAME OF CEMET	ERY OR CREMATO	DRY 24D. LOCATION (	City, town, or county)	(State)	
Buri		7-1853	Holy /	Josary	Daetin	we		
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To be affrond by leveli cal Examini. 

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PLEASE WRITE PL. ALY, WITH UNFADING INK. Every item of information should be carefully s	correct age is especial important. Physicians: please write the causes of death clearly and legibly
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MEDICAL

4.	-453	85		TIMORE CITY HE	MANUEL DEPARTMENT	53	7585			
BH	RTH NO.			CERTIFICATE	E OF DEATH	Registered No.				
1.	NAME OF DEC	EASED AL MI	and.	Mary	Susie Ivare	2. DATE OF DEATH 8-0	22-53			
	PLACE OF DEA Baltimore Cit	ATH:	rami	dent	4. USUAL RESIDENCE (Wh		tution : residence before admission)			
B. I	FULL NAME OF		Hasp	on, give street address or location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
3	4	free de	repen	Yrs.	D. STREET ADDRESS (If ru	aral, give location)	-			
c.	Length of stay	y in Baltimore	20 9	Mos. Days		Registered No.  2. DATE OF DEATH 8-22-53  (Where deceased lived. If institution: residence B. COUNTY before admission)  (If outside corporate limits, write RURAL and give township)  9. AGE (In years last birthday) Months: Days Hours: Min. 28 Or foreign country) 12. CITIZEN OF WHAT COUNTRY? H. J. J. NAME Beart ADDRESS  NEARLY  ADDRESS  NO.    12. CITIZEN OF WHAT COUNTRY? H. J. J. NAME   12. CITIZEN OF WHAT COUNTRY?   13. CITIZEN OF WHAT COUNTRY?   14. J. J. NAME   15. CITIZEN OF WHAT COUNTRY?   16. CITIZEN OF WHAT COUNTRY?   17. J. J. NAME   18. CITIZEN OF WHAT COUNTRY?   18. CITIZEN OF WHAT COUNTRY?				
5. Le	sex 6	Color or RACE	7. SINGLE WIDOWI Mar	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years of linder I year of li					
		UPATION (Give kind of vorking life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	91. BIRTHPLACE (State or fore	eign country) 12.				
	ause u				Caraline c		15.7			
13.	FATHER'S NAI	_ /			14. MOTHER'S MAIDEN NAM	. 7	1			
1 =		on War								
Yes	, no or unknown)	EVER IN U.S. ARMED (If yes, give war or dates	of service)	16. SOCIAL SECURITY NO.	7 xospelal 1	heards	RESS			
	18.4.43	Υ .		CAUSE	OF DEATH					
	DISEASE	OR CONDITION I	DIRECTLY	2	9 0	4 0 0				
	(This does n heart failure,	(This does not mean the mode of dying, e.g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.)  DUE TO								
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CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Application Ware Marie Alexe Australia Australia  Due to									
<u>L</u>		п		(C)						
CERT	TRIBUTING T	GNIFICANT CONDITO THE DEATH, BUT I	NOT RELATE	D upom	id		118.8101.101.101			
AL	19A. DATE OF			FINDINGS OF OPER	ATION					
1EDIC	21a, ACCIDEN' HOMICIDE	T. SUICIDE, (Specify)	218. PLA about bome, fr	CE OF INJURY (e. g., ir arm,factory,street,office bldg.,e	etc.) INJURY OCCUR?	in Baltimore City, give				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK										
	22. I hercby	certify that I att	ended the	deceased from Cla	esq. 14, 1953, to le	eg. 22, 1953, ti	hat I last saw the			
	deceased alive on lug. 22, 19 5 3, and that death occurred at 3 25 8 m., from the causes and on the date stated about 23A. SIGNATURE  23B. ADDRESS  Provident Harpital 23c. DATE SIGNE  Agnairo 7. Larra M.D. Provident Harpital 8-25-5									
2 /	A BUDIAL CR	EMA- 248 DATE	17		RY OR CREMATORY   240 10	CATION (City town or	county is (State)			

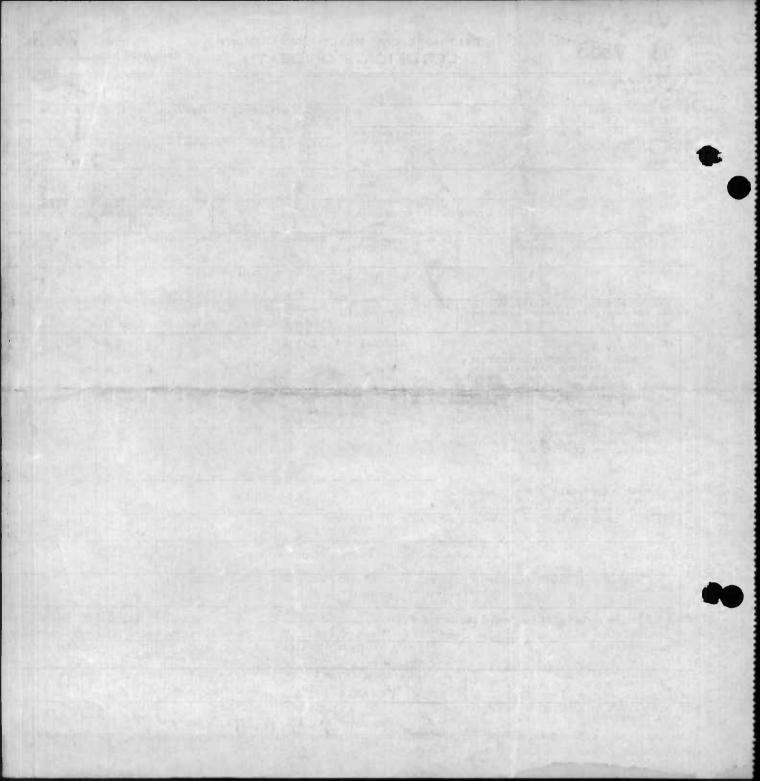
REGISTRAR'S SIGNATURE

24A. BURIAL. CREMA-TION REMOVAL (Specify)

25 FUNERAL DIRECTOR 1000 BLANTLY

LOCAL REGISTRAR VS 150

DATE RECEIVED BY



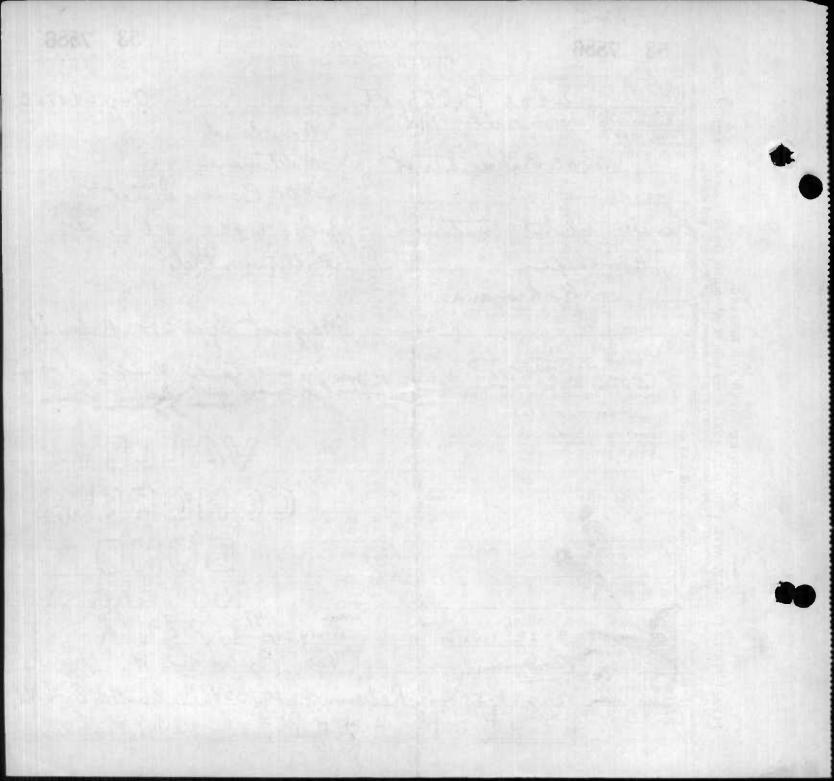
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## BALTIMORE CITY HEALTH DEPARTMENT

53	7586
stared No	

The	BI	33 7890 IRTH NO.	CERTIFICATE OF DEATH	Registered No
	1.	NAME OF DECEASED Type or Print)  Lena P	TThasT	2. DATE OF DEATH Qua 24-195-3
ıpplie	A.	PLACE OF DEATH: Baltimore City, Maryland Balto	Md. 4. USUAL RESIDEN	NCE (Where deceased lived, Wastitution: residence B. COUNTY before admission)
IDING information should be carefully supplied. of death clearly and legibly.	HC	FULL NAME OF (If not in hospital or institution)	dution, give street address or location)  C. CITY OR TOWN	(if outside corporate whits, write AURAL and give township)
gibly	-63	2000 Waren	Yrs. O. STREET ADDRES	SS (If rural, give location)
l be c		Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SING	Days   2803   500	9. AGE (In years   M Under I Year   M Under 24 Rous   last birthday)   Months; Days   Hours   Min.
hould	3	DA USUAL OCCUPATION (Give kind of 108 KIN	ND OF BUSINESS OR VI. BIN HPLACE (Ste	67 S-6 / 20 Late or foreign country) 12. CITIZEN OF
ion s		k done during most of working life, even if retired)  However  FATHER'S NAME	Baltimer 14. MOTHER'S MAIL	e Md. WHAT COUNTRY?
NG rmat death		Rehrman	?	DEN NAME
BINDING of informuses of des	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 15. no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Heapi 2003 Paka It
R em ca		18. 442 X I	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND OBATH
FO y it the		'DISEASE OR CONDITION DIRECTL' LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc.	E. 8. (A) Hypertensine	Carolio - Varula ? year
RESERVED FINK. Every please write the		injury or complication which caused dea	ath.) OUE TO Replied Wisser	with Krema 3 ms.
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NG INS. p	CATION	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	(C)	
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M. UNI Phy	CEF	OISEASE OR CONDITION CAUSING IT.		OPERATION WAS RELATED TO   20. AUTOPSY?
	CAL	O WAS PERF	FORMED CA	AUSE OF OEATH. ENTER IN YES NO LE DID (If in Baltimore City, give exact location)
Y, W	EDIC		but home, farm, factory, street, office bldg., etc.)	
WRITE PLAINLY, WITH ge is especially important.	2	OF INJURY (Month) (Day) (Year) (Hour) m.	WHILE AT NOT WHILE	DID INJURY OCCUR?
PL/ pecial		22. I hereby certify that I attended th	he deceased from may, 1947,	to any 14, 1953 that I last saw the
RITE is es]		deceased alive on \$ ~ 12, 19 5.	3 and that death occurred at 4.30 fm.,	from the causes and on the date stated above 23c. DATE SIGNED
E WF	2	4A. BURIAL, CHEMA- 24B. DATE	M. O. 20 COMMAND OF CEMETERY OF CREMATOR	240. LOCATION (City, town, or county) (State)
PLEASE correct ag	TIC	Burse aug 27.53	Holy Rediener Comety	3340 Belan Rd. Bell Md.
PLI		OATE RECEIVED BY REGISTRAR'S SIGNATION OCAL REGISTRAR	TURE 25. FUNERAL DIRE	ADDRESS ADDRESS

VS 150



BALTIMORE CITY HEALTH DEPARTMENT ERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Mr. Frank J. Moudry supplied. 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or Mary land B. FULL NAME OF HOSPITAL OR location c. CITY OR TOWN carefully INSTITUTION 6411 Marietta Avenue Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. Mos. 6411 Marietta Avenue c. Length of stay in Baltimore Davs ld be 6. COLOR OR RACE I 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) plnods July 9, 1893 male white married 60 clearly IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) information s of death cle Pressman, Gas & Electric Co Czeckoslavokia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING John Moudry Rosalie Krejci 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO W.W.#1 212-05-7138 Yes Mrs. Tina J. Moudry, 6411 causes of 18. 420. CAUSE OF DEATH Every item FOR DISEASE OR CONDITION DIRECTLY Personary Occlusion Personary atheroscleusis LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WITH WAS PERFORMED important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or ā bout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially NOT WHILE AT WORK WORK 22. I hereby certify that I attended the deceased from Mar 12 Ques . 8, 19 53, and that death occurred at 3:50 m., from the causes and on the date stated above. WRITE deceased alive on\_ 23A. SIGNATURE 238. ADDRESS 20

Registered No. DEATH Aug. 25, 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give If Under 1 Year 9. AGE (In years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mar ietta ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH. ENTER IN 21C. WHERE DID (If in Baltimore City, give exact location \_. 195 that I last saw the 23C. DATE SIGNED 24D. LOCATION (City, town, or county) Baltimore, Maryland ADDRESS FUNERAL DIRECTOR Ruck, Harford Road. 5305

LOCAL REGISTRAR VS 150

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY

Aug. 28,

1953

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Holy Redeemer

24C. NAME OF CEMETERY OR CREMATORY

ocem.

dona red

Dr. Lewis Tollin 6908 North Point Road 11:30 A.M.

before admission)

12. CITIZEN OF

WHAT COUNTRY

USA

20. AUTOPSY YES X

23c. DATE SIGNED

ADDRESS

supplied.

information should be

causes

write

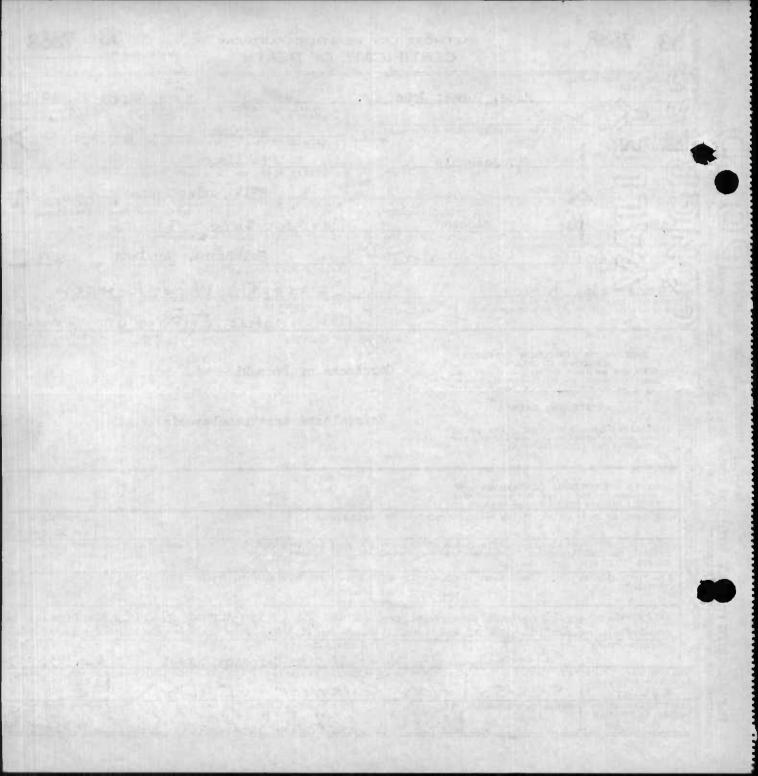
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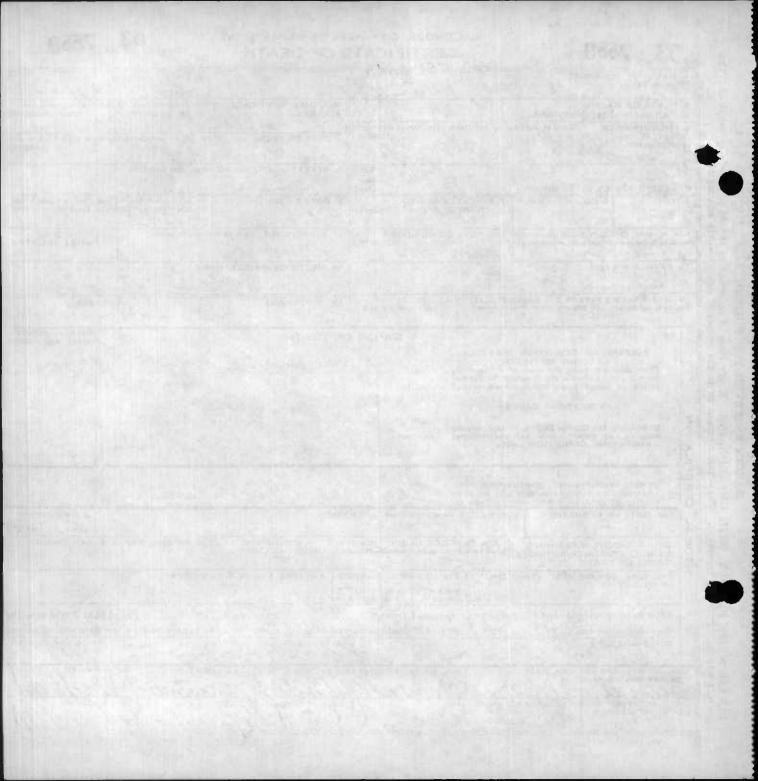
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BALTIMORE CITY HEALTH DEPARTMENT

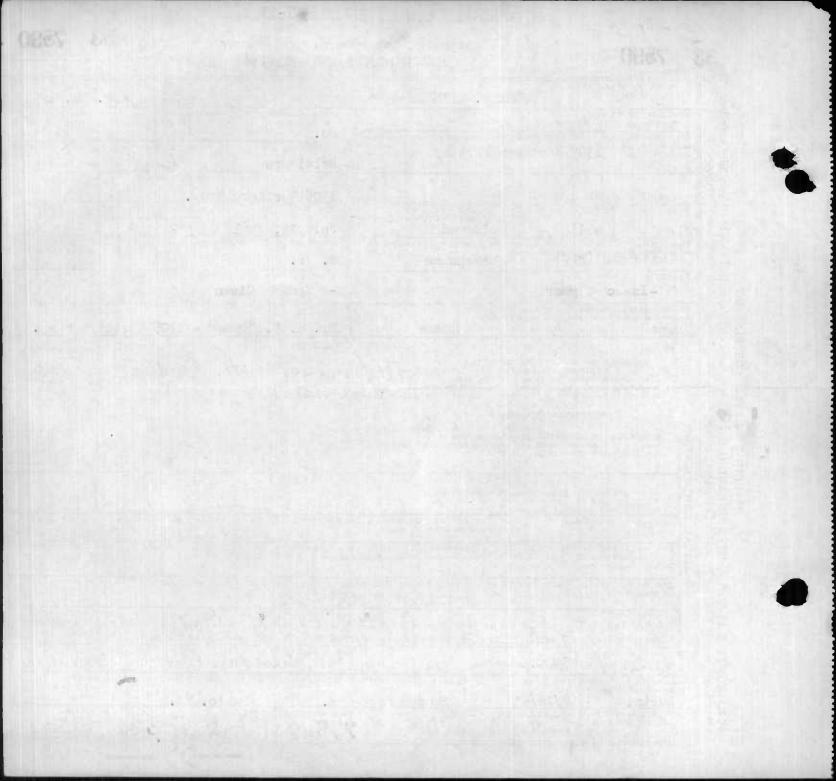
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7590

7590 BALTIMO Registered No. CERTIFICATE OF DEATH

Th	BI	RTH NO.									
		NAME OF D	ECEASED	JO	HN W. C	LYMER			2. DATE OF	Aug. 2	4, 1953
carefully supplied. egibly.		PLACE OF DEATH: Baltimore City, Maryland					4. USUAL RESIDENCE (Where deceased lived, If institution: residence a, STATE B. COUNTY before admission)			on : residence	
ins	В.	FULL NAME			al or instituti	on, give street address o		Md.			17
<b>&gt;</b>		SPITAL OR	1305 No	rthe	m Park	wav location	C. CITY OR TO	WN (Ir	outside corporate lin	nits, write I	RORAL and give township)
In .	1						Baltimore	Baltimore			
ibly	1,90					Yrs.	D. STREET ADDRESS (If rural, give location)				
e ga	c.	Length of s	tay in Baltir	nore		Mos. Days	1305 Northern Pkwy.				
d l		SEX	6.COLOR OR			MARRIED,	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   It Under 24 Hours				
should be carefu	ma.	ale white widowed Specify			July 25, 1861   last birthday)   Months Days   Hours Min.						
sho	10 work	A. USUAL OC	CUPATION (Gi	ve kind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLAC	E (State or fo	reign country)		TIZEN OF
le n		watchma	of working life even	11.10011007	Wareh	ouse	W. Va.				
tio	13	FATHER'S	NAME				14. MOTHER'S MAIDEN NAME				
Gma		-Isaa	c Clymer	•			- Lottie Given				
BINDING of information shouluses of death clearly	15	. WAS DECEASE	ED EVER IN U.	S. ARMEI	FORCES?	16, SOCIAL	17. INFORMAN	т		ADDRESS	<u> </u>
d'ii o	(Yes	, no or unknown)	(If yes, give w	ar or date	s of service)	SECURITY NO.					
R BIN em of in causes		none				none	Mr. W. R. Clymer - 1305 Northern Pkwy.				
S E E		18. 428	2.1				OF DEATH				SET AND DEATH
VED FOR Every item write the ca	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO VOSCULOR DISEASE									3	341-6
10 m	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							1//	Calair		102
Ever write	injury or complication which caused death.) DUE TO VOSCULOR PISE 45E								s-e		
DY			ANTECEDENT	T CALLS	FS	Real Property of					
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- 5 d	A	UNDERL	ING CONDIT	ION LA	ST.						
NI NI	ō					(C)			••••••		***************************************
MARGIN I UNFADING Physicians: F	느		11								
IF.	RT	TO THE	DEATH BUT	DITIONS	CONTRIBL	TING THE					
N. N. A.	S	DISEASE C	R CONDITION	CAUSING	IT.	***************************************					
Hed.	AL	19A. DATE C	F OPERATION		VAS PERFO			PART I C	TION WAS RELATED F DEATH, ENTER OR PART II	IN YES	
NI.	ū	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, gi								y, give ex	act location)
or	EDI		IFY MEDICAL E			dome, tal m, taccol y, street, om	1143 OK 1	OCCORT			
LY	Σ	210 TIME	(Month) (Day)	(Year)	(Hour) 1	21E. INJURY OCCUR	21F. HC	LAI DID WO	URY OCCUR?		
ZZ		OF INJURY	· · · · · · · · · · · · · · · · · · ·	( ,		WHILE AT NOT WE	ILE				(
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PI		22. I hereb	y eertify the	at I, at	tended the	deceased from M	ay , 19	947, to_	749, 19	12, that	I last saw the
TE PLAINLY, WITE especially important.		deceased a	live on T-	86.	19/3	and that death oeco	urred at	m., from t.	he eauses and on	the date	stated above.
RIT is		23A. SIGNA		- W		0	23B. ADDRESS		0.		DATE SIGNED
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田島	24	AA. BURIAL, ON, REMOVAL (S	CREMA- 124B.	DATE		20C. NAME OF CEMET	ERY OR CREMATO	RY 240. L	OCATION (City, tov	vn, or coun	(State)
	TIC	Burial	8/9	26/53		Loudon Park	Cem.	Balt/	o.Md.		
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RESERVED

Dr. Jones 

Registered 53 7592

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE Aug. 26, 1953 (Type or Print) OF EDWARD COOPER HIGGINS supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: B. COUNTY before admission) A. Baltimore City, Maryland A. STATE Maryland OF (If not in hospital or institution, give street address or US Public Health Service location)
Hospital
Drive & 31st Street B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully INSTITUTION township) Stevensville D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 8. DATE OF BIRTH If Under 1 Year 6. COLOR OR RACE 9. AGE (In years last birthday) Months Days Hours Min. If Under 24 Hours information should be 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify) 5/1/05 M IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Maryland Seafarer Master USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel E. Higgins Augusta Mae Godwin BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL Records- US PHS Hospital, Balto, Md. (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. No Jo INTERVAL BETWEEN CAUSE OF DEATH 42010 item ONSET AND DEATH MARGIN RESERVED FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocardial infarction of posterior Recent (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. surface of left ventricle injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Arteriosclerotic heart disease INK. please Long ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING standing RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH, PART I OR PART II important. CAI 21C. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., la or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) ш AINLY, 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE ecially AT WORK WORK 1953 to Aug. 53that I last saw the 22. I hereby certify that I attended the deceased from Aug. deceased alive on Aug. 26, 1953, and that death occurred at 4:45A m., from the causes and on the date stated above. esp WRITE 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 22 US PHS Hospital, Balto, Md. 8/26/53 J.A. Hunter. Clinical Director ge 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-TION, REMOVAL (Specify) PLEASE JURIAL 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR BROS BARTON

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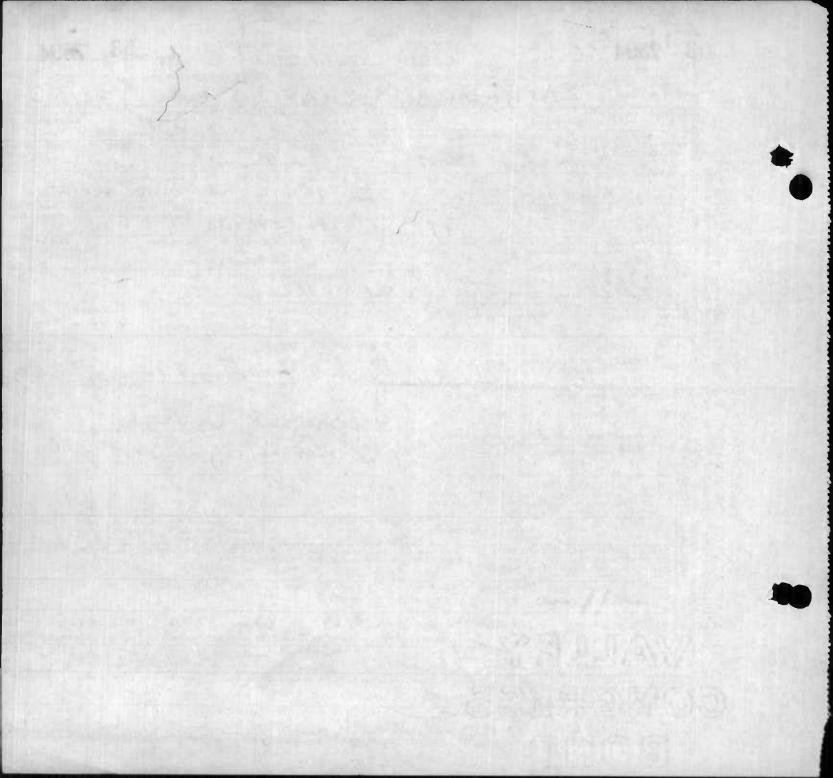
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH The 1. NAME OF DECEASED 2. DATE (Type or Print) DATE BEAMER August 25, 1953 DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Baltimore Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully Maryland General Hospital Towson D. STREET ADDRESS (If rural, give location) Yrs. legibly Mos. , Kiderwood 1805 Roland Avenue c. Length of stav in Baltimore Days 9. AGE (In years last birthday) 8. DATE OF BIRTH learly and le 5. SEX 6. COLOR OR RACE Months Days Hours Min. SINGLE, MARRIED WIDOWED, DIVORCED (Specify June 17-1911 White Male IOA. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF Building work dono during most of working life, even If retired) WHAT COUNTRY? West Verginia. information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P. Beamer Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) 215-01-5601 Mrs Estella T. Beamer-1805 Roland em of i 18.42011 CAUSE OF DEATH Every item write the cau ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis (This does not mean the mode of dying, e.g., licart failure, asthenia, etc. It means the disease. RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ..... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY YES X WITH important. CA 21c. WHERE DID (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. PLAINLY, 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT especially WORK AT WORK Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry WRITE re is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [3, accident ], suicide ], homicide ], undetermined ] 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER age MEDICAL INVESTIGATOR PLEASE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) BURIAL 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) 24B, DATE Pine Grove , U.B. Aug 8th, 1953 Rayville. Md. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR 610 York Road DAN STORE

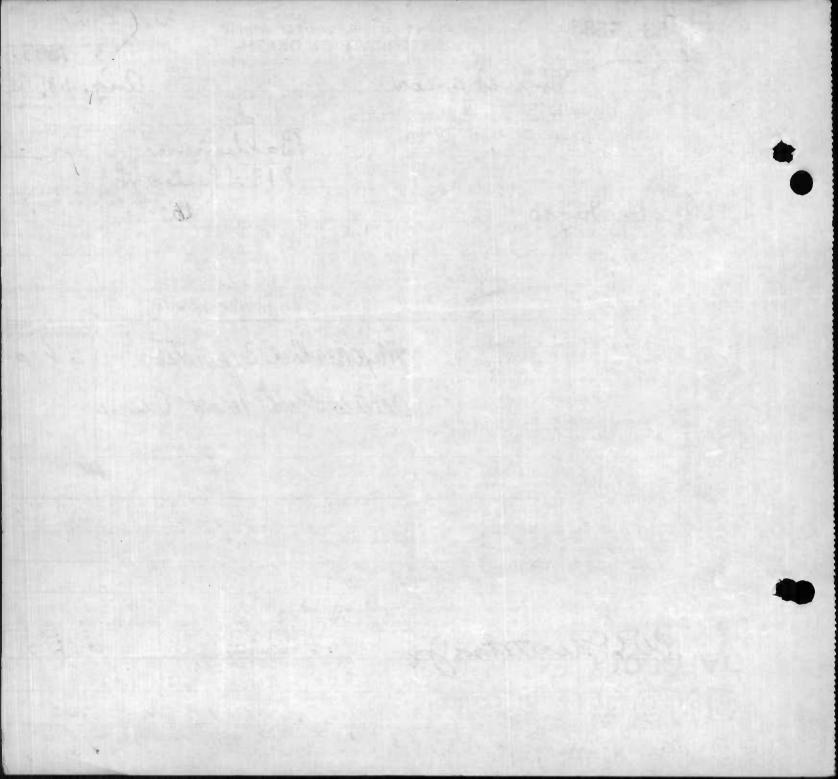
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. 7594 CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASE 2. DATE (Type or Print) OF supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: BCOUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give e carefully legibly. C. CITY OR TOWN INSTITUTION townshlp) Yrs. D. STREET ADDRESS (If mural, give location) Mos. c. Length of stay in Baltimore Days should be H Under 1 Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 8. DATE OF 9. AGE (In years) SINGLE, MARRIED BIRTH last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Special clearly 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHFLAGE (State or foreign country) 10B, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTR' information s of death cle zeerym 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES SOCIAL 17-INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. umoas causes of INTERVAL BETWEEN CAUSE DEATH Every item write the cau 18. ONSET AND DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES r INK. DISEASES OR CONDITIONS, IF ANY, GIVING RTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CEI DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 1 EDI OR CONTRIBUTING | CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 1925 to 19 that I last saw the 22. I hereby certify that I attended the deceased from WRITE deceased alive on\_ 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE 13 age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 0 120 Donna PLEA 25. FUNERAL DIRECTOR DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR



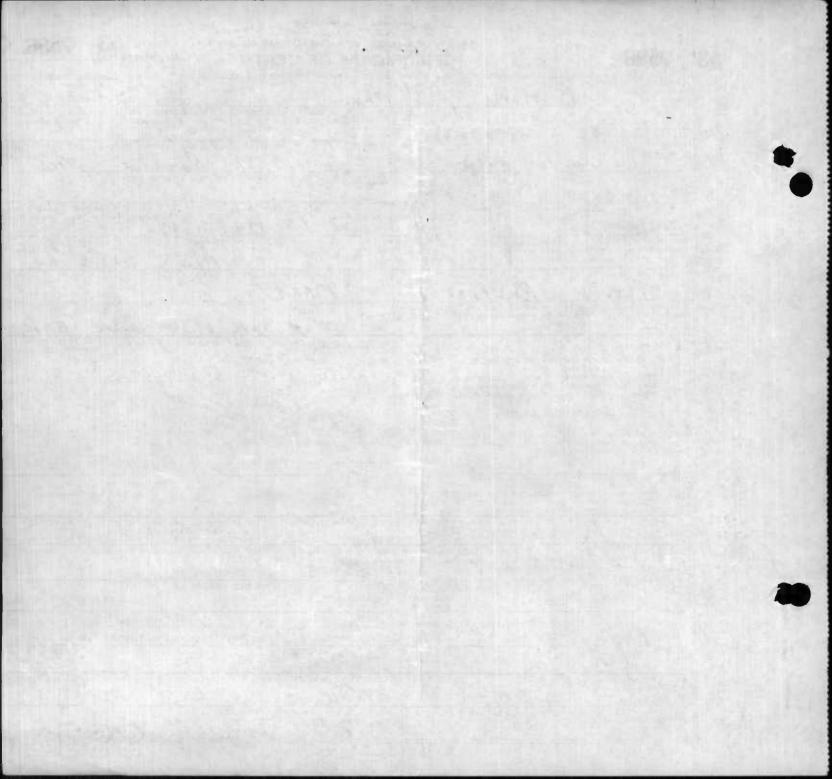
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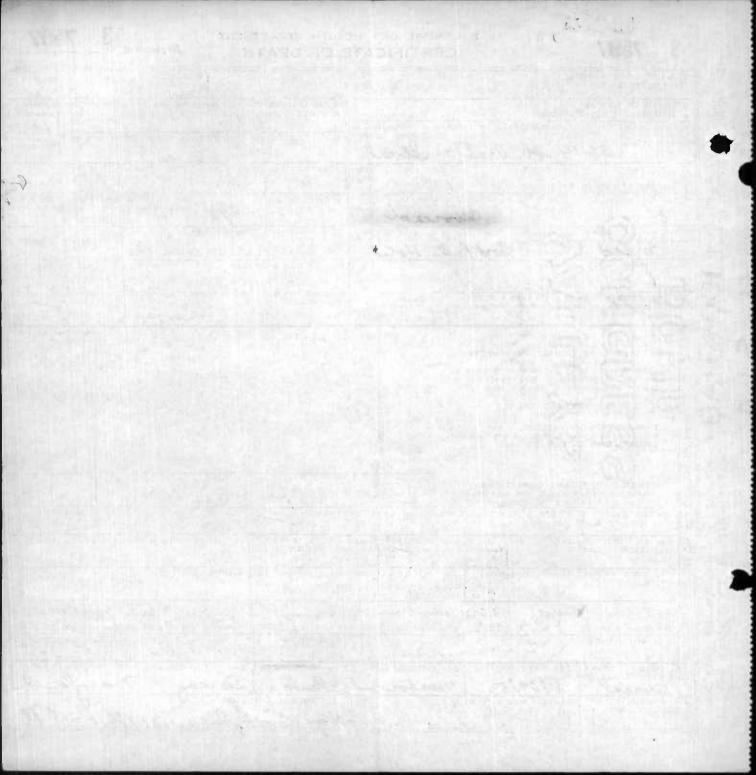
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ည်	BIRTH NO.	)		CERTI	FICAT	E OF D	EATH	Register	ed No	
. J	1. NAME C (Type or Pr	of DECEASED	rford		Ma	rtin		2. DATE OF DEATH	8-2	2-53
supplied.	3. PLACE C	of DEATH: re City, Marylan		1			RESIDENCE (	Where deceased live		tion : residence before admission
sul	B. FULL NA	ME OF (If not in	hospital or instit	ution, give stre	et address or location)	Silve		lo a	mol	2
carefully egibly.	INSTITUTIO		Hosp	o	rocation	c. CITY OR	Vew	Winds	timits, writ	Market and give
ld be carefu	c. Length	of stay in Baltim	nore	12	Mos. Days	D. STREET	ADDRESS (I	f rural, give location	n) 5/10	٥
NDING information should be	5. SEX	6.COLOR OR		LE. MARRIED WED, DIVOR	).	8. DATE OF 7- 13	- 1941	9. AGE (In year last birthday		Year H Under 24 Heurs Days Hours Min.
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tion h cl	13. FATHER	R'S NAME				14. MOTHE	R'S MAIDEN	NAME I		0.5.
BINDING of informat ises of death	5	arvis	Burf	ord		MAR				
	15. WAS DEC	EASED EVER IN U. S.	. ARMED FORCES?	16. SOCIA	AL RITY NO.	17. INFORM	MANT		ADDRE	ss _
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	118. 5	TEASE OR CONDI	TION DIRECT!		CAUSE	OF DEATH		erre i per-		NSET AND DEATH
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WITH rtant.	A ISA. DA	TE OF OPERATION	WAS PERF	ORMED	WHICH OF	PERATION	CAUSE	ATION WAS RELAT OF CEATH, ENTE OR PART II	R IN	O. AUTOPSY7
0	O OR CON	CIDENT WAS UND TRIBUTING CAU (NOTIFY MEDICAL EX	SE OF abo	18. PLACE OF ut home, farm, factor	INJURY (	bldg.,etc.) INJ		(If in Baitimore	City, give e	exact location)
ITE PLAINLY, especially imp		E (Month) (Day)	(Year) (Hour)	21E. INJUR	Y OCCURRI	D 21F.	HOW DID IN	IJURY OCCUR?		
ally	OF INJU	RY	m.	WHILE AT WORK	NOT WHI					
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ITE esj		d dive on 1	1900	and that d		red at		the causes and		te stated above
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SE W	24A. BURI	AL (Specify)	ATE	24c. NAME	OF CEMETE	RY OR-CREMA	TORY 2 6.	LOCATION/City,	own, or cou	(State)
PLEASE correct ag	DATE RECE	al 9	TRAR'S SIGNA	TUDE	alk	UMA L	AL DIRECTOR	1048/5.	Mol	RESS
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5.8 5.8	5-620 3 7597 RTH NO.	CERTIFICAT	EALTH DEPARTMENT E OF DEATH	53 Registered No.	7597
1. (T	NAME OF DECEASED  Type or Print)  Catherine	F. Geor	ae.	2. DATE OF PEATH	2653
Α.		ich,	4. USUAL RESIDENCE (W		litution : residence before ad hission
H	FULL NAME OF (If not in hospital or instospitation) 3614 \$6. Vice	itution, give street address or location)		outside corporate limite, w	rit-DURAL and giv township
	100 0017 40.000	Yrs. Mos.	D. STREET ADDRESS ALGE	rural, give location)	16
	Length of stay in Baltimore SEX//   6.COLOR OF RACE   7. SING	Days	1 3617 79	1401051	
	f. W. W.	GLE. MARRIED, OWED, DIVORCED (Specify)	4.25 1882	9. AGE (In years   H Under   Month	s 1 Year H Under 24 Hours S Days Hours Min.
	A. USUAL OCCUPATION (Give kind of to a done during most of working life, even if retired)  and John Marie Ma	Bults . If tel	11. BIRTHPLACE (State or 10	reign country) 12	WHAT COUNTRY
13	FATHER'S NAME	,	14. MOTHER'S MAIDEN NA	ME / N)	1 0
	John Janne	der	Margar	of James	adelys L
(Yes	(If yes, give war or dates of service	16. SOCIAL SECURITY NO.	17. INFORMANT So	Slorge 36	14 Ph. Vicks
	18. 420.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	LY //2	sold and The	Louis la	5/1.
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the di-	sease.	made 1	he day	Jarag
	injury or complication which caused de	eath.) DUE TO		vuluman	9
7	ANTECEDENT CAUSES	ark	criarelera	21 1	5
CATIO	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.				
RTIFIC		(C)		*****	
CERT	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI TO THE DISEASE OR CONDITION CAUSIN	ATED CONT	al effina	urch,	4
AL		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
DIC/	21A. ACCIDENT, SULPIDE,   21B.	PLACE OF INJURY (e.g.,	n or   21c. WHERE DID (II	in Baltimore City, give	exact location)
	HOMICIDE (Specify) about ho	me, farm, factory, atreet, office bldg.,	etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE AT NOT WHILE	ED 21F, HOW DID INJURY	OCCUR?	
	22. I hereby certify that I attended t		11.15,1953 to	aux 25, 19531	hat I last same th
	deceased alive on 3,25, 199	and that death occur	red at 1902m from	Leanses and on the	hat I last saw th date stated above
	23A. 91 GNATURE		3B. ADDRESS		3c. DATE SIGNED
	Herry Juin	wers M.D.	1045 Vatagn	of nere	8.46.53
710	AA. BURIAL, CREMA-	24c. NAME OF CEMETE	0 1 0	CATION (City, town, or	county) (State)
-	Bureal 8/39/53 ATÉ RECEIVED BY   REGISTRAR'S SIGNA	Meadowns	25. FUNERAL DIRECTOR	sey, ma	mess
	ATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR	5/3 64	Wan Gook &	c., 1217 Pb.	Paul St.
	VS 150	790	&B		
		110			



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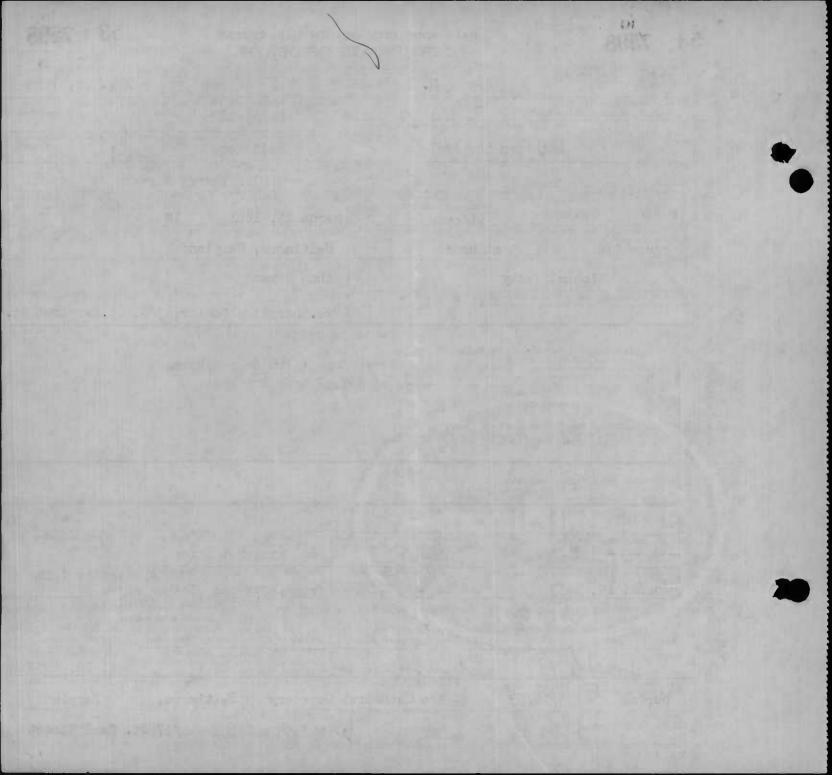
BIRTH NO.	0		CERT	IFICAT	E OF DEAT	Н	Registe	ered No		
1. NAME OF I (Type or Print)	DECEASED	ANNA	М.	REARD	ON	2	. DATE OF DEATH	Aug.	25,	1953
	City, Maryland				4. USUAL RESIDE		e deceased li a. COUN			residence fore dinission
B. FULL NAME HOSPITAL OR INSTITUTION	OF i not in hospit			reet address or location)	C. CITY OR TOWN		side corpora	te limits	milekt	L and glv township
	stay in Baltimore			Yrs. Mos. Days	D. STREET ADDRE	54 (If rur Margar				
5. SEX Female	6.COLOR OR RACE White		E. MARRIE VED, DIVO OWED	ED. RCED (Specify)	March 15, 1		AGE (In yellast birthda 72	ears H Wn	der l Year hs Days	H Under 24 Hours Hours Min.
10A. USUAL OC work done during most housewi	CCUPATION (Give kind of of working life, even if retired)	at ho	of Busi	INESS OR INDUSTRY	Baltimore,			1:	2. CITIZ WHA	ZEN OF T COUNTRY
13. FATHER'S	Michael Kell		14. MOTHER'S MA Anna Moran	IDEN NAME						
15. WAS DECEAS	GED EVER IN U. S. ARMEI (If yes, give wer or date	D FORCES? s of service)	16. SOC SEC	URITY NO.	17. INFORMANT Mrs. Lorret	ta Dohl	er, 360		RESS Marg	aret St.
DISEASE OF UNDERLY	LEADING TO DEA se not mean the mode ure, asthenia, etc. It mer complication which  ANTECEDENT CAUSE ES OR CONDITIONS. THE ABOVE CAUSE (A) YING CONDITION LA	of dying, e. ans the disease caused death	se, h.) DUE NG HE OUE	of 80	and third d		urns			
OTHER TRIBUTING TO THE I	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ED IT				r Autoca			
_	OF OPERATION   1	98, MAJOR	FINDING	S OF OPER	RATION				YES	
21A. EXTER UNDERLYIN	NAL CAUSE WAS NG A OR CONTRIB- CAUSE OF DEATH.	218. PL, about home,	ACE OF IN furm, factory, a NOME	NJURY (e. g., i street, office bldg.,	3601 Marg	aret St		2	.515	
≥ 21D. TIME	(Month) (Day) (Year, 19, 1953		WHILE AT WORK	RY OCCURR NOT WHILE AT WORK	x from stov	e set c	lothes	afire	2	
the er	ify that I took ehan vidence obtained by cath in my opinion	said Aut	opsy, Ins	pection or	Inquiry, find that	Autopsy, Insp said deced	seed died	on the	day st	n and fron tated above ined [].
23A. 816NA	sella (1.	Jack	in	9 sk M	238. CHIEF ME ASSISTANT ME I.D. MEDICAL INVI	EDICAL EXA	MINER	23c.	DATE 5	SIGNED 1953
24A. BURAL, TION REMOVAL ( DUTLAL	Specify) 8/28/53				1 Cemetery	Balti		, town, or	Mary	
DATE RECEIVE		SSIGNAT	JRE		25. FUNERAL DIR	ECTOR	7077		DDRES	S

Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please

The

V S 151

1217 St. Paul Street

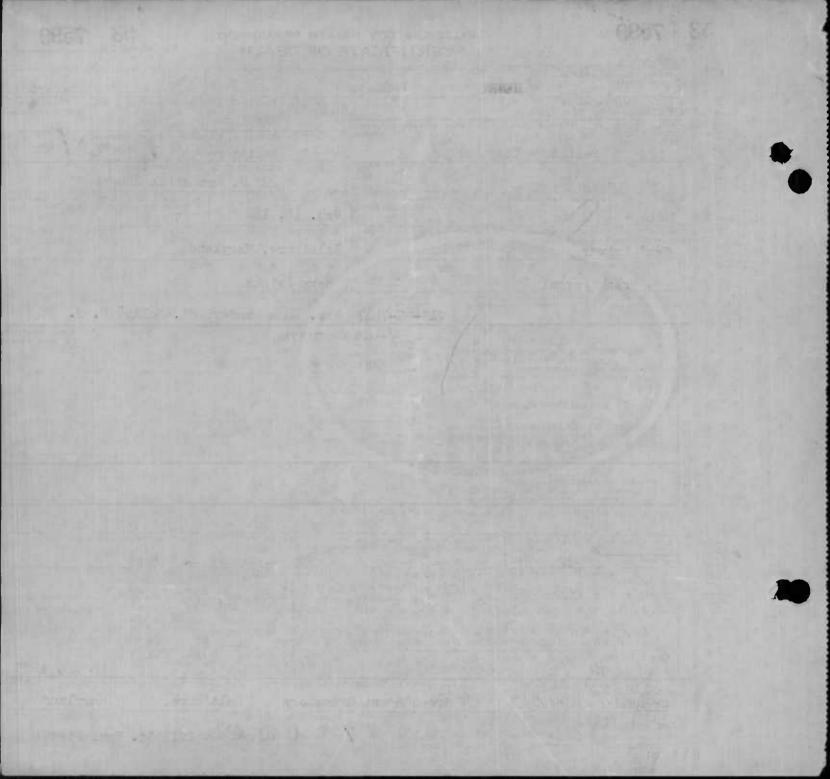


53 7500

ВІ	RTH NO.			CERTIFICAT				
1. (T	NAME OF Dype or Print)		ENRY	PASCAL		2. DATE OF DEATI		t 25, 1953
	PLACE OF D Baltimore	City. Maryland			4. USUAL RESIDEN	VCE (Where decease		
HO	FULL NAME OSPITAL OR STITUTION	Baltimore C		tion, give street address or location)		(If outside cor	4-	with RURAL and gi
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRES	N. Frederic		t
5.	sex Male	6.COLOR OR RACE	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	Jan. 18, 188	9. AGE ( last bi		der I Year   If Under 24 Hou hs Days Hours Mi
10 vork	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (St. Baltimore, M.		try)	2. CITIZEN OF WHAT COUNTR
13	. FATHER'S		1		14. MOTHER'S MAII	DEN NAME		
15 (Yes		ED EVER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY, NO. 213-05-7417	17. INFORMANT Mrs. Edna Wa			ORESS
	(This doe heart fails	LEADING TO DEA s not mean the inode are, asthenia, etc. It me	of dying, e.	54 (A)	not wound of l	head	***************************************	****
RTIFICATION	DISEASE RISE TO TUNDERL	s not mean the inode inc, asthenia, etc. It mes complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II SIGNIFICANT COND TO THE DEATH, BUT	of dying, e. ans the disease caused deatl SES IF ANY, GIVII STATING TAST.  ITIONS COLONOT RELATI	NO.	not wound of l	head		
CERTIFICA	DISEASE RISE TO TUNDERL  OTHER STRIBUTING TO THE D	s not mean the inode ire, asthenia, etc. It mes complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II SIGNIFICANT COND TO THE DEATH, BUT ISSEASE OR CONDITION	of dying, e. ans the disease caused deatleses  IF ANY, GIVII STATING TAST.  ITIONS COLONOT RELATING CAUSING	NO.		head		20. AUTOPSY? YES X NO
ERTIFICA	DISEASE RISE TO TUNDERL  OTHER STRIBUTION TO THE DISEASE 19A. DATE COUNTY TO THE DISEASE 21A. EXTERIUNDERLYING LICENSTANCE CONTY TO THE DISEASE COUNTY TO	s not mean the inode inc, asthenia, etc. It mes complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  II BIGNIFICANT COND TO THE DEATH, BUT INSEASE OR CONDITION	of dying, e. ans the disease ans the disease caused death SES  IF ANY, GIVII STATING TAST.  ITIONS CONOT RELATING TO CAUSING 19B. MAJOR  21B. PL/about home, H	NO.	21c. WHERE DII INJURY OCCUR 222 N. F	D (If in Baltin	treet	
EDICAL CERTIFICA	OTHER STRIBUTION TO THE DISA. DATE OF INJURY Aug.	s not mean the mode care, asthenia, etc. It mes complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A) TYING CONDITION L.  SIGNIFICANT CONDITION L.  SIGNIFICANT CONDITION DE OPERATION 11  OF OPERATION 11  NAL CAUSE WAS G N CONTRIB-TOWN (Month) (Day) (Year 25, 1953 Noofy that I took chained by eath in my opinion	of dying, e. ans the disease caused death ses.  IF ANY, GIVII STATING TAST.  ITIONS CONTRELATING TAST.  21B. PL. about home, H. (Hour) m. m.	NO (B)	21c. WHERE DII INJURY OCCUR 222 N. Fr ED 21f. HOW DID X Shot sel: above, held an	O (If in Balting rederick Standard Court of in head Autopsy utopsy, Inspection and deceased duricide M. homio	or Inquiry	thereon and froday stated about eletermined
MEDICAL CERTIFICA	OTHER STRIBUTION OF THE	s not mean the mode care, asthenia, etc. It mes complication which ANTECEDENT CAU  S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L.  SIGNIFICANT CONDITION L.  SIGNIFICANT CONDITION DE OPERATION 12  SIGNIFICANT CONDITION 12  SIGNIFICA	of dying, e. and the disease caused death sees of the state of the sta	MACE OF INJURY (c.g., inform, factory, street, office bldg., it work while at work remains described to opsy, Inspection or inform; natural causes	21c. WHERE DII INJURY OCCUR 222 N • Fr ED 21f. HOW DID  Shot sel: Above, held an Inquiry, find that s    238 CHIEF MEE ASSISTANT MEE	o (If in Baltin? rederick Standard Occur? f in head Autopsy, Inspection of the country occur? autopsy, Inspection of the country occur.	or Inquiry	thereon and froday stated about determined DATE SIGNED g. 25, 1953

VS 151 N803.4

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	760	n	

53 7600

The The	SIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	- 000	
	NAME OF DECEASED Type or Print) Samuel W.	Shope		2. DATE OF DEATH August	2), 1953	
ıpplie	B. PLACE OF DEATH: A. Baltimore City, Maryland	titution, give street address or	4. USUAL RESIDENCE (WALL ALL STATE Maryland	here deceased lived. If insl B. COUNTY	before admission)	
lly su	HOSPITAL OR NSTITUTION	location)	c. CITY OR TOWN (If outside corporate thinks, write thinks, and give township)			
efu	1307 Union	Avenue Yrs.	Baltimore D. STREET ADDRESS (If r			
car legil	Length of stay in Baltimore 33	years Mos. Days	1307 Unio	on Avenue		
R BINDING em of information should be carefully supplied causes of death clearly and legibly.	WI	NGLE, MARRIED, DOWED, DIVORCED (Specify) Iarried	8. DATE OF BIRTH 9. AGE (In years li Under 1 Year Months Days Hours Min 76			
	ork done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Pennsylvania	reign country)   12	CITIZEN OF WHAT COUNTRY?	
tior h c	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
NG rmat deat	James Newton Shope		Julia A. Young			
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMEO FORCE (If yes, give wer or dates of service NO	16. SOCIAL SECURITY NO.	John W. Shope	1307 Union Av	renue	
of use	18. 1/1/24	CAUSE	OF DEATH		INTERVAL BETWEEN	
FO the	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the	TLY (A) Le	. 1 .1	ouhoge.	3 days	
RESERVED INK. Ever please write	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY,	(B)	y pertenson	CUD	7.	
ING I	RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	BOVE CAUSE (A) STATING THE DUE TO				
MARGIN I UNFADING Physicians: 1	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.					
		ONDITION FOR WHICH OF	CAUSE O	F DEATH, ENTER IN	20. AUTOPSY?	
r, WI	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (ahout home, farm, fuctory, street, office	2. g., in or 21c. WHERE DID (bldg., etc.) INJURY OCCUR?	If in Baltimore City, giv	ve exact location)	
AINE.	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK	E	URY OCCUR?		
TE PLAINLY, WITH especially important.	22. I hereby certify that I attended deceased alive on 3 - 2 1, 19.	[3, and that death occur	red at 8 P.m., from th	he eauses and on the	that I last saw the date stated above.	
WRIT e is	23A. SIGNATURE	man M.D.	3711 Jal	erra	8-25 V3	
PLEASE WRITE correct age is esp	24A. BURTAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 27, 19	24c. NAME OF CEMETE 3 Lorraine Par	The second secon	imore Co., Mar		
PLEA Sorrec	DATE RECEIVED BY REGISTRAR'S SIGI		25. FUNERAL DIRECTOR	A	DDRESS	
	AUG 201000 Juny 55	3017	Burgee Funeral	Home 3631 Fal	Ts Road	
	VS 150		Horace 4:1	Durgee		

e e MANUAL SAME AND A PRINCIPAL OF THE PARTY OF 

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e J	BIRTH	NO			CERTIFICAT	E OF DEA	TH	Register	red_N	7001
The	1. NAN	AE OF DE	ECEASED					2. DATE		
ed.		r Print)		harles	N. Boone			OF DEATH I	August	25, 1953
pli		ce of Di	EATH: Sity, Maryland			4. USUAL RESI	IDENCE (W	here deceased liv B. COUNT		itution : residence before admission)
ins	B. FUL	L NAME	0 /	al or instituti	on, give street address or		aryland		-	47
Ily		TAL OR	2002 111-1-		location)	township)				
oly.	3-0		3803 Hick	ory Ave	nue Yrs.	o. STREET ADD	ltimore		onl	
e carefully supplied. legibly.	o I on	ath of a	tor in Paltimona	Life	Mos.			ory Aveni		
be d	5. SEX		tay in Baltimore	7. SINGLE	Days . MARRIED.	8. DATE OF BIR	The second secon	9. AGE (In year	are H Unda	of I Year II Under 24 Hours
should be	M	ale	White		ED, DIVORCED (Specify)  OWER	Aug. 8, 1	.874	79	() alonths	Days Hours Min.
information shoul			CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE	E (State or fo	reign country)	12.	WHAT COUNTRY?
cle	E	nginee	r	Stati	onary	Maryland				USA
ath		John W. Boone				14. MOTHER'S		AME		
de						Mary Bowe	rsox			
inf	(Yes, no c	r uokoowo)	O EVER IN U. S. ARMET	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Caton E. Boone 3803 Hickory Avenue				
em of i		Yes	Spanish-Am	erican		Caton E.	Boone	3003 1110	ckory	INTERVAL BETWEEN
cal									ONSET AND DEATH	
Every item write the ca			LEADING TO DEAT	ГН	" tree	enouin				2 days
ver		heart failu	re, asthenia, etc. It mea	ns the disease	DUE TO	_				
WF					Const	1.0 P	- 1			6 das
INK.	Z ANTECEDENT CAUSES Grebrel Remorrhage							73		
P 11	Ě	RISE TO T	OR CONDITIONS, II	STATING TH						
UNFADING Physicians:	<	UNDERLY	ING CONDITION LA	ST.	(C)					
Ciar	TIFIC		11							
VF.	2	TO THE	NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO						THE HOUSE
Ph	()		F OPERATION 1		TION FOR WHICH O	PERATION	IF OPERA	TION WAS RELA	TED TO	20. AUTOPSY?
H.	. 1		V	VAS PERFO	RMED		PARTIC	F DEATH, ENT		YES NO
WITH rtant.			ENT WAS UNDERLY		PLACE OF INJURY		OCCUR?	(If in Baltimore	City, giv	ve exact location)
Y,	M DE	ATH (NOT	IFY MEDICAL EXAMINE	R)						
IE PLAINLY, WITE especially important.	210	INJURY	Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURR WHILE AT NOT WHI		M DID INT	URY OCCUR?		-11
ally			N .	m.	WORK AT WOR	K L	en (	0 01	-	
PI	22	. I hereb	y certify that I att	ended the		ug. 20 , 19		lug.25,	193, t	hat I last saw the
TE	de	ceased a	live on Clieg. 24	_, 19.5.3,	and that death occu	rYed at 4.30	m., from t	he Causes and	on the	date stated above.
WRITE ge is esp	23	A. SIGNA	Day Bon Soul	W. Co.	M. O.	23B. ADDRESS 846 Ce.	36 B.	54.		8-26-53
age A	24A.	BURIAL,	CREMA- 248, DATE		24c. NAME OF CEMET	ERY OR CREMATO	RY 240. L	OCATION (City	, town, or	county) (State)
AS	B	emoval (Surial	Aug. 28	. 1953	New Cathedr	al	Bal	timore,		
PLEASE correct ag		RECEIVE	D BY   REGISTRAR	S SIGNATL	RE	25. FUNERAL D				DDRESS
A S	LOCAL REGISTRAR					Burgee, Fu	meral H	Home 36	31 Fal	Lls Road
		VS 150		0		HAIN	10. Fr	Dun	28	
	1					110000	7.	- Cond	-	

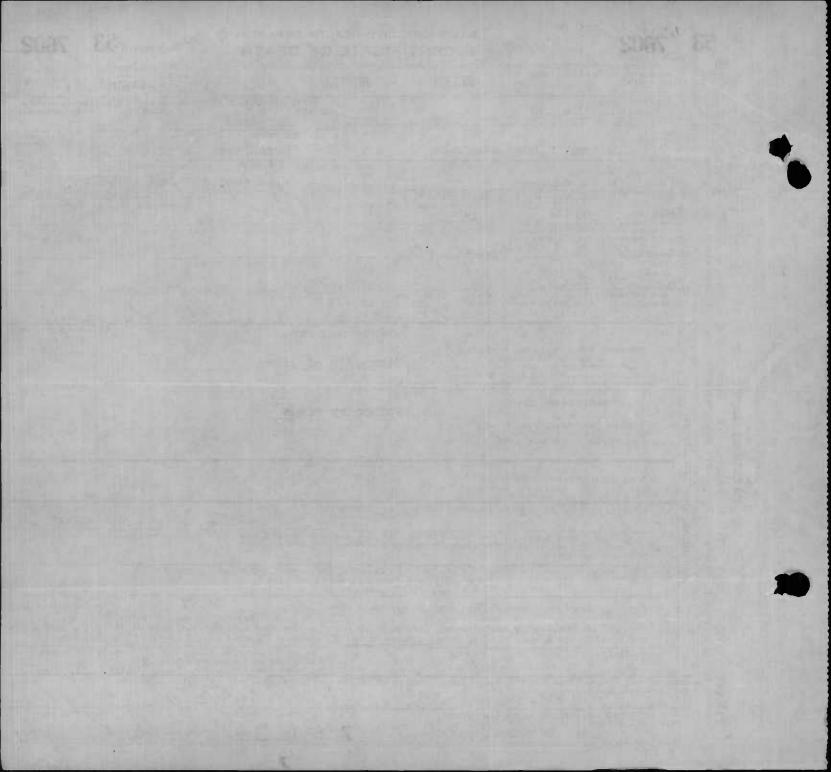
MARGIN RESERVED FOR BINDING

151

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53

The 1. NAME OF DECEASED 2. DATE (Type or Print) ELLEN BEDELL August 25, 1953 DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION on should be carefully clearly and legibly. St. Agnes Hospital Greenhaven D. STREET ADDRESS (If rural, give location) Yrs. Mos. Wise Ave. and West Shore Rd. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH If Under I Year | If Under 24 Hours 9. AGE (In years) last birthday) | Months: Days | Hours: Min. Female White 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, eyen if retired) INDUSTRY WHAT COUNTRY? ratague 40 logers information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PLUMB. SU PPI BINDING gemann 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dayes of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 215-09-0370 causes of INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH item FOR DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH (A) Cirrhosis of liver (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Pulmonary edema lease INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) ..... MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES X WITH important. 218. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB UTING T CAUSE OF DEATH PLAINLY, 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT especially WORK AT WORK autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and death in my opinion resulted from: natural causes \$\mathbb{X}\$, accident \( \preceq\), suicide \( \preceq\), homicide \( \preceq\), undetermined \( \preceq\). 23B. CHIEF MEDICAL EXAMINER..... 23A GIGNATURE ASSISTANT MEDICAL EXAMINER. age MEDICAL INVESTIGATOR PLEASE 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL. CREMA-TION REMOVAL (Specify) 240. LOCATION (City, town, or county) 248. DATE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRES LOCAL REGISTRAR

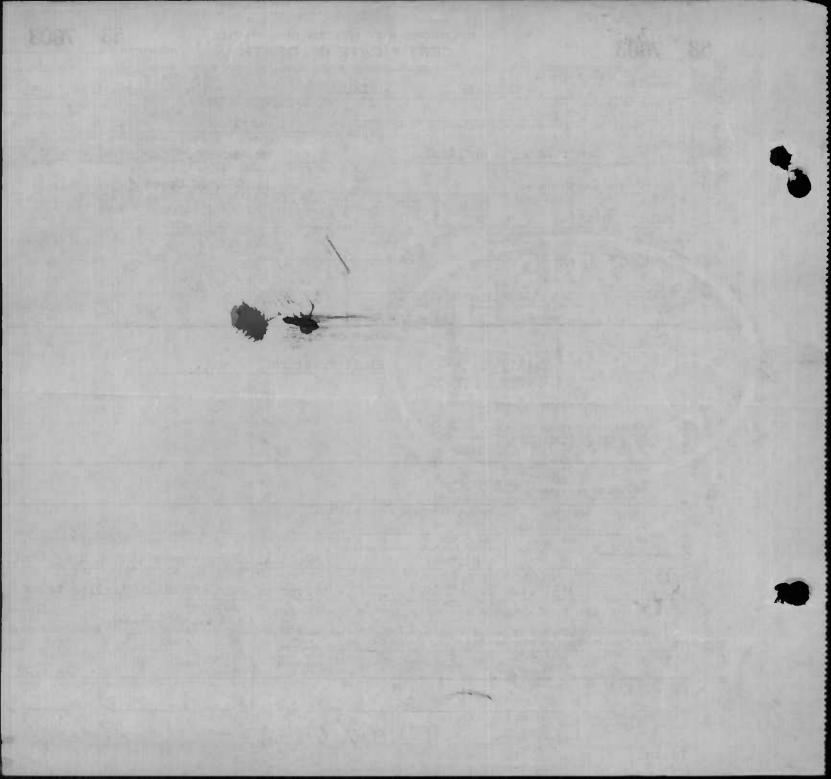


N802.2

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7603

53	<b>3</b> R	7603 CERTIFICATE	99	7603		
The	1.	NAME OF DECEASED (Spe or Print)  CHARLES  BREND	2. DATE OF	25 3052		
ied.		PLACE OF DEATH: Baltimore City, Maryland	DEATH AUGUST 4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence		
[ddn	В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	Maryland Ocone (	before admission)		
lly s		Johns Hopkins Hospital	c. CITY OR TOWN (If outside corporate limits, w	township)		
refu		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	HIR		
ild be ca	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WADQWED, DIVORCED (Specify)	B. DATE OF BIRTH 9. AGE (In Search II Under Last hirthday) Months	r I Year   If Under 24 Hours		
		Male White Marie	11.001.1920 32			
shor	WOI	DA. USDAL OCCUPATION (Givekind of 10 b. KIND OF BUSINESS OR INDUSTRY)  A CLAMAN  Tolka	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
BINDING of information should be carefully supplied. uses of death clearly and legibly.	13	FATHER'S MAME	14. MOTHER'S MAIDEN HAME			
	15	5./WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Marka M. Tressley	SECON MIT M		
	(Ye	(1) yes, give war or dates of service) SECURITY NO.	Dessa C. Brendle Winter	P.O.		
		70,01	OF DEATH	INTERVAL BETWEEN		
it it		( I me does not mean one mode of dying, c. g., (A)	fracture			
Every write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
ERV E WI		ANTECEDENT CAUSES				
RESERVED INK. Even please write	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		***************************************		
2	CAJ	(c)				
MARGIN NE STING Designants:	TIF	OTHER SIGNIFICANT CONDITIONS CON-				
Mr.	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER.	ATION	20. AUTOPSY?		
н	7	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.		YES X NO		
LY, WITH	DIC	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.	te.)   INJURY OCCUR?	4.40		
	ME	UTING   CAUSE OF DEATH.   Highway  21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	Pulaski Highway near Golden	Aing Road		
Z		Aug. 25, 1953 1:22 A.m. WHILE AT NOT WHILE AT WORK	Driver of auto struck by trai	ler truck		
PLAI ecially		22. I certify that I took charge of the remains described a	bove, held an Autopsy . to Autopsy, Inspection or Inquiry	hereon and from		
TE		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	nguiry, find that said deceased died on the d	'ay stated above, termined □.		
PLEASE WRITE correct age is esp		23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. D	• 25. 1953		
ASE et ag	24 TIC	4A. BURIAL CREMA- 248. DATE 24C. NAME OF CEMETER	D. HEDICAL INVESTIGATOR			
LE/	_	Touris 130/53 Touther Character Stephen Characte	25 FUNERAL DIRECTOR	DRESS		
що		OCAL REGISTRAR 71 1 9 5 3 0 0 0 7	16/0/milita Illan Bu	mic Ill lan		
	V	S 151				

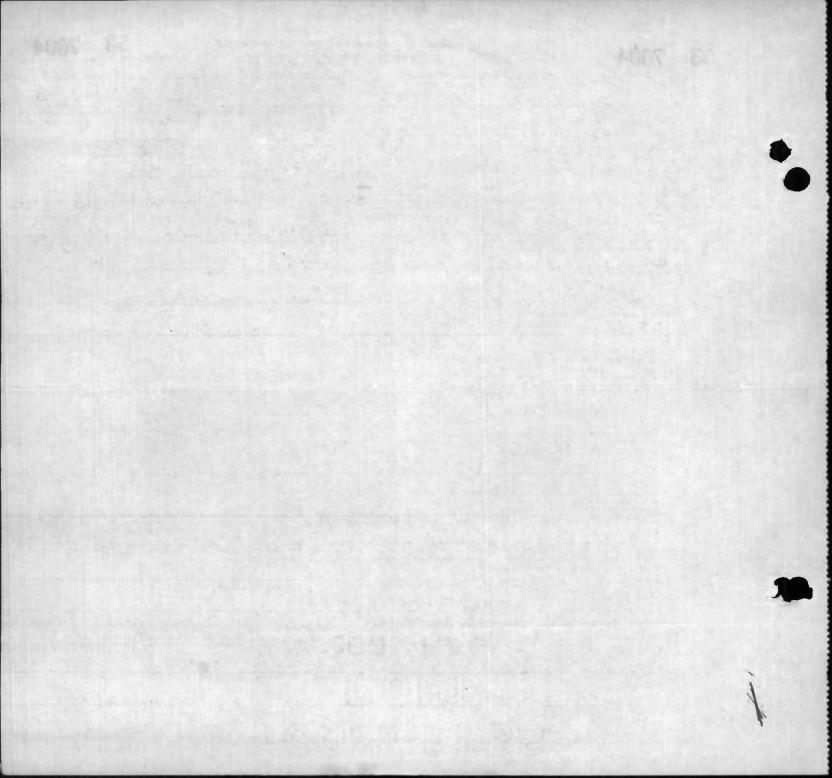


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BALTIMORE CITY HEALTH DEPARTMENT

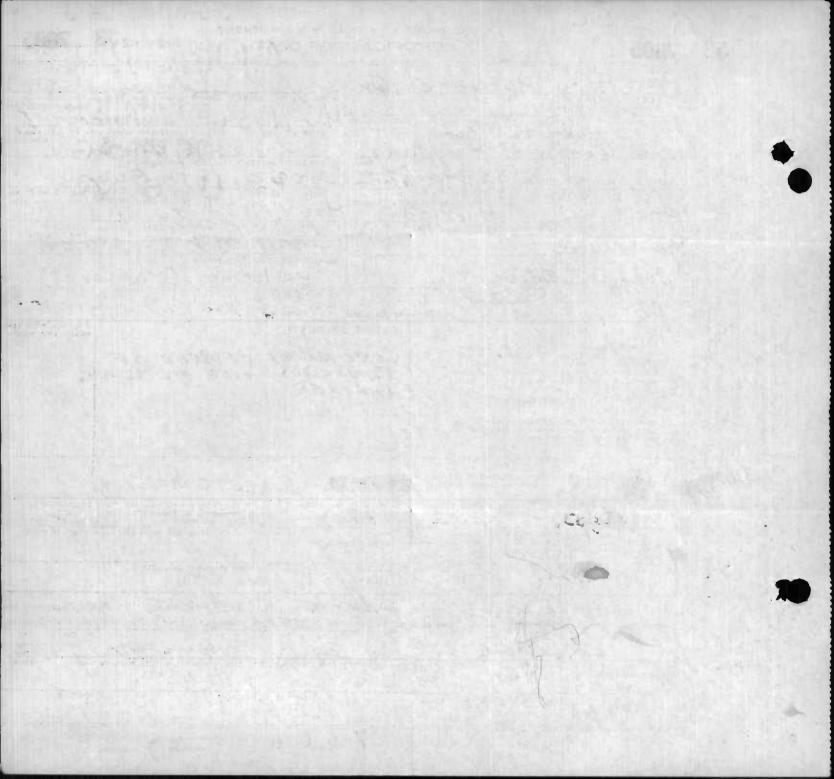
Segistered No. 7604

.51 E	760	14			CERTIF	ICATI	E OF	DEAT	Н	X	Registered	No	700	1
carefully supplied. T	I. NAME C (Type or Pri	F DECEAS	er Ger	tru c	le						ATE OF EATH 25	- Ac	4 19-	53
	B. FULL NA	re City, M	Iaryland (If not in hospital	or instituti	on, give street	address or location)	A. STA	axy lang	1	Where de	COUNTY	010	before ad	dmisslon
efully	Univ	ersity	Hosp	ital		Yrs.	BC. STR	limor	e	High	lands			ownship
DING information should be of death clearly and l	and the second second	of stay in	4		Mos. Days	29	01 V	rmo	ont	- AV	e 5	200		
	5. SEX		W	WIDOW	ED, DIVORCE	SED (Specify) 20 March 18'80 9. AGE (In years) If Under I Year last birthday) Months: Da					Days Hou	der 24 Hours rs Min.		
	nonse during	most of working	ION (Give kind of life, even if retired)	Own	OF BUSINE	SS OR NDUSTRY	II. BIR	Ad-	State or :	foreign o	country)		WHAT CO	
	Josep	shek	eeney				14. MOTHER'S MAIDEN NAME  North Locko							
	15. WAS DEC	CEASED EVER	IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURI		17. INF	Keen	04	2401	Vermon	ADDRE	ss /	Bullo
FOR y item	(This	does not me	CONDITION D ING TO DEATH ean the mode of enia, etc. It means	dying, e. g	(A)	evely	of DE	ath (	] ae	eide	in f		A de	
RESERVE INK. Ev	Z DISE	ANTEC	eation which can EDENT CAUSE ONDITIONS, IF IVE CAUSE (A) S ONDITION LAS	used death.  S  ANY, GIVING THATING TH	DUE TO	lypex to	ease	o Card	o yas	evla	v Pouce		7	
MARGIN UNFADING Physicians:	ATIFIC OTHE		H		(C)	*****				************	•••••	······································		
MAJ JNFA	M TO	THE DEATH	NT CONDITIONS C H BUT NOT RE	LATED TO										
H!	19A. DA	TE OF OPE	3 / WA	S PERFO	10000000	na, O.	uter	105.	CAUSE PART I	OF DE		IN		No 🗌
0	O OR CON	TRIBUTING	AS UNDERLYING CAUSE OF	about	. PLACE OF 1 nome, form, factory	njury (	e.g., in or bldg.,etc.)	INJURY O		(If in	Baltimore Cl	ty, give	exact loca	tion)
			(Day) (Year) (I	Hour) 2 m.	WHILE AT WORK	OCCURRE NOT WHILE AT WORK	E	21F. HOW	DID IN	IJURY (	OCCUR?			
	22. I h	ereby certa ed alive on	ify that I atter 24 Acq	nded the	deceased frand that dec	om 11 K	red at	5 10 Am			uses and on		at I last ite stated	
RI	234:50	Reff a	. 520k	Pes		M. D.	3B. ADD	ress fi	, Ho	spit	al al		5 Aug	
田島	24A. BURI. TION, REMOV	AL, CREMA- AL (Specify)	24B. DATE	F3 1	Ac. NAME OF	CEMETE	RY OR C	REMATORY	240.1	Can	ON (City, ter	vn, or co	mty)	(State)
PLEAS	DATE RECI		REGISTRAR'S	SIGNATU	RE	A. M.	25. FU	NERAL DI	ECTOR	11	01	ADI	DRESS	00.0

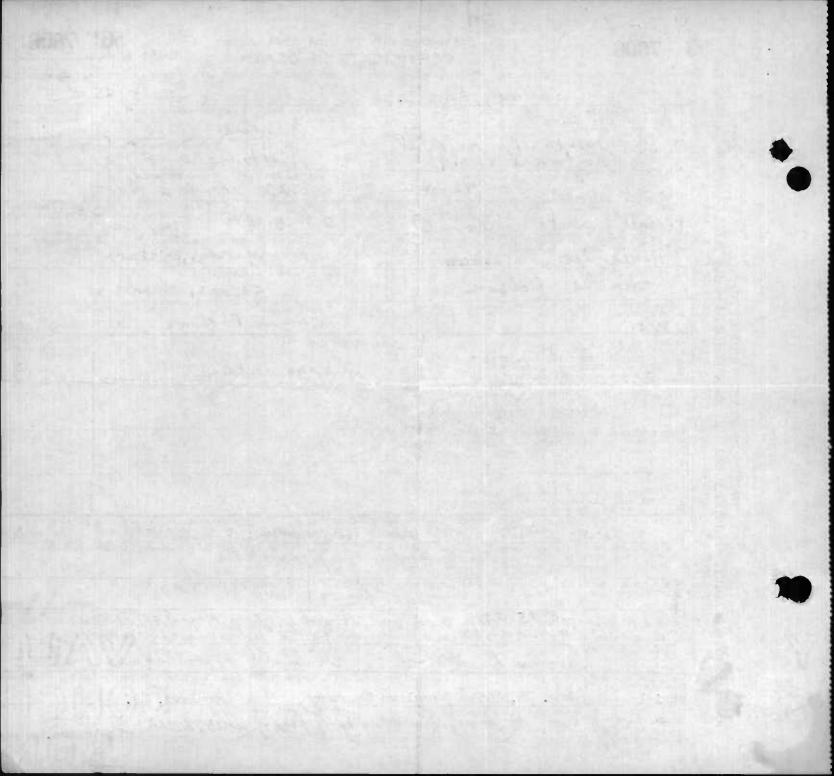


53	BALTIMORE CITY HE CERTIFICATE	
y supplied. T	1. NAME OF DECEASED (Type or Print) Hary Hargaret Qua  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR INSTITUTION HOSPITAL For	2. DATE OF DEATH OF D
be carefull nd legibly.	the Women of Mary land  C. Length of stay in Baltimore 39 years 15 Hon.  S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	D. STREET ADDRESS (If rural, give location)  3501 Cighth Avenue  8. DATE OF BIRTH  9. Age (In years If Under 17 feet   H Under 24 Houses   Hast birthday)   Months; Days   Hours: Mir
INING information should be carefully supplied. to feath clearly and legibly.	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House wife  13. FATHER'S NAME	11. BERTHPLACE (State or foreign country)  GERMAN  14. MOTHER'S MAIDEN NAME
of informatises of dea	Joseph Seibert  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT, Von Culin 707 & Church
RESERVED FOR 3 INK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH  INDIMA OF HEAD OF  CREAS 4114 METASTASE  VER
MARGIN I UNFADIN Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OP WAS PERFORMED	ERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?
LY, WITH important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (of OR CONTRIBUTING CAUSE OF pabout home, farm, factory, street, office)	PART I OR PART II  2 g., in or 21C. WHERE DID (If In Baltimore City, give exact location)  INJURY OCCUR?
PLAIN ecially	OF INJURY  OF INJURY  WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from A Co	E
PLEASE WRITE correct age is esp	24A. BURIAL, CREMA- 24B. DAYE 24C. NAME OF CEMETER TION, REMOVAL (Specify) and 253 Holy lators.  DATE RECEIVED BY REGISTRAR'S SIGNATURE.	RY OR CREMATORY 24D. LOCATION (City, fown, or county) (State
0	LOCAL REGISTRAR	R. C. Harle & work sh

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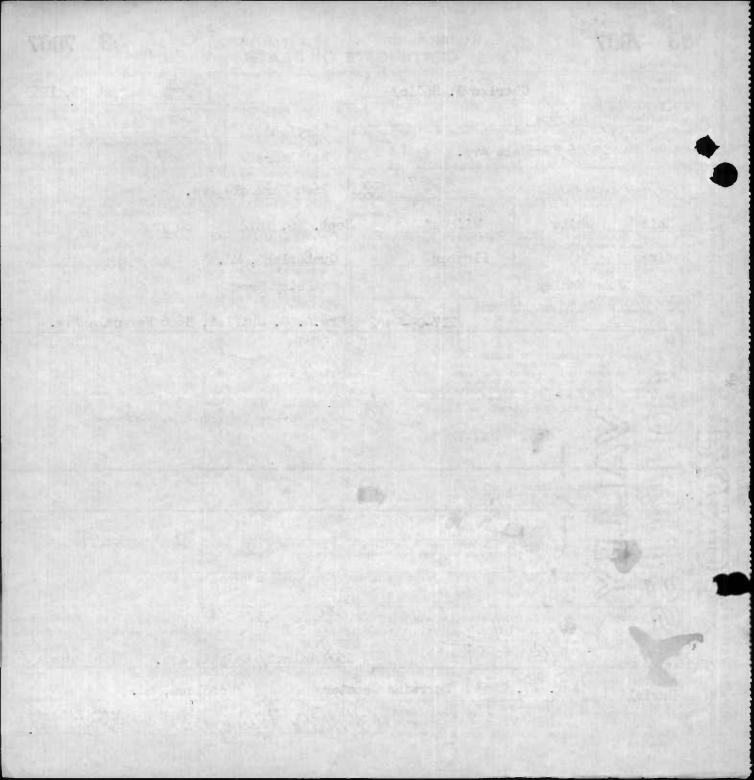
The	(   /6Ub	EALTH DEPARTMENT 53 E OF DEATH Registered No.	7606			
	1. NAME OF DECEASED (Type or Print) Young, Ada M.	2. DATE OF DEATH 8-23				
ilqqu	S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission			
ully s	HOSPITAL OR University Hospital location INSTITUTION Baltimord 1, Md.	C. CITY OR TOWN (If outside corporate minit, write RVIAL and g townsh				
caref	c. Length of stay in Baltimore 72 years. Mos. Days					
VDING information should be carefully supplied. s of death clearly and legibly.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIMORCED (Specify	8. DATE OF BIRTH 9. AGE (In years   Hunt	der I Year hs Days Hours Min.			
n shor	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)  HOUSE WARE  At Home	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT				
G matic eath	Charles Dobson	14. MOTHER'S MAIDEN NAME  KASPAN, Barban	a			
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.		RESS			
MARGIN RESERVED FOR BIN UNFADING INK. Every item of 3 Physicians: please write the causes	heart failure, asthemia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	mpho sartoma	3 Months			
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A, DATE OF OPERATION   19B, CONDITION FOR WHICH C		20. AUTOPSY?			
VLY, WITH important.	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21c. WHERE DID (If in Baltimore City, gi	YES NO No ive exact location)			
PLAINLY cially imp	21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURF OF INJURY   WHILE AT   WORK   AT WO	IILE				
]	22. I hereby certify that I dischaed the deceased from	Angust 1, 1953, to Angust 25, 1953, urred at 4:30 m. from the causes and on the	that I last saw th			
WRITE ge is esp		238. ADDRESS Har Hospital	23c. DATE SIGNED 8-25-53			
PLEASE W	24a. BURIAL, CREMA 24B. DATE 10N, REMOVAL (Specify) Burial Aug. 28, 1953 Woodlawn Cer	woodlawn, Md.	ADDRESS			
PL	LOCAL REGISTRAR  Timbygen-Naulthus  Vs 150		Liberty			
	V3 130	36.				



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53	7607

52 מיחסמי

BIRTH NO.	CERT	!FICAT	E OF DEATH	Regist	tered No_	7007
1. NAME OF DECEASED	Charles G. Had	ley		2. DATE OF DEATH	August	25, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased	lived, If instit			
	pital or institution, give st	treet address or location)		(If outside corpora	thits, wri	RULAL and give township
c. Length of stay in Baltimore		7 Yrs.	D. STREET ADDRESS (		tion)	
5. SEX 6. COLOR OR RAC	7. SINGLE, MARRIE WIDOWED, DIVO Widowed	ED, RCED (Specify)	8. DATE OF BIRTH	1 40	day) Months	
10A. USUAL OCCUPATION (Give kin work done during most of working life, even if retired	OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR		11. BIRTHPLACE (State of	foreign country)	12.0	CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME John Hadley	14. MOTHER'S MAIDEN NAME Betsy Brown					
15. WAS DECEASED EVER IN U. S. ARI (Yes, no or unknown) (If yes, give war or o	lates of service) SEC	CIAL CURITY NO.	17. INFORMANT Mrs.A. C. Shifl		ADDRE	
DISEASE OR CONDITION  (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which antecedent care of the above cause of Underlying Conditions	EATH e of dying, e.g., neans the disease, n caused death.)  USES  (B S. IF ANY, GIVING A) STATING THE LAST.	, Her	formitie wohned &	reteriosel	hori	ONSET AND DEATH
OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BI TO THE DISEASE OR CONDITI	JT NOT RELATED		4			
19A. DATE OF OPERATION	198. MAJOR FINDING	RATION			20. AUTOPSY?	
Y  21A. ACCIDENT WAS UNDER  LYING OR CONTRIBUTING  CAUSE OF DEATH	21B. PLACE OF IN about bome, farm, factory,	NJURY (e. g., i street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore	City, give e	exact location)
210. TIME (Month) (Day) (Ye OF INJURY	ar) (Hour)   21E. INJU m.   WHILE AT   WORK	NOT WHILE		RY OCCUR?		
22. I hereby certify that I deceased alive on	attended the deceased 2153 and that	death ochu	rred gf 3 P m., from	the dises an		at I last saw the
23/ 9/GNATURE	ffox	M. D.	4509 Liberty Hei		8	-26-53
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial Aug. 2'		aine Cem		oodlawn, l		ounty) (State)
	R'S SIGNATURE	BALLAN S	MULA RAW	man.	4510	Liberty hts Ave.

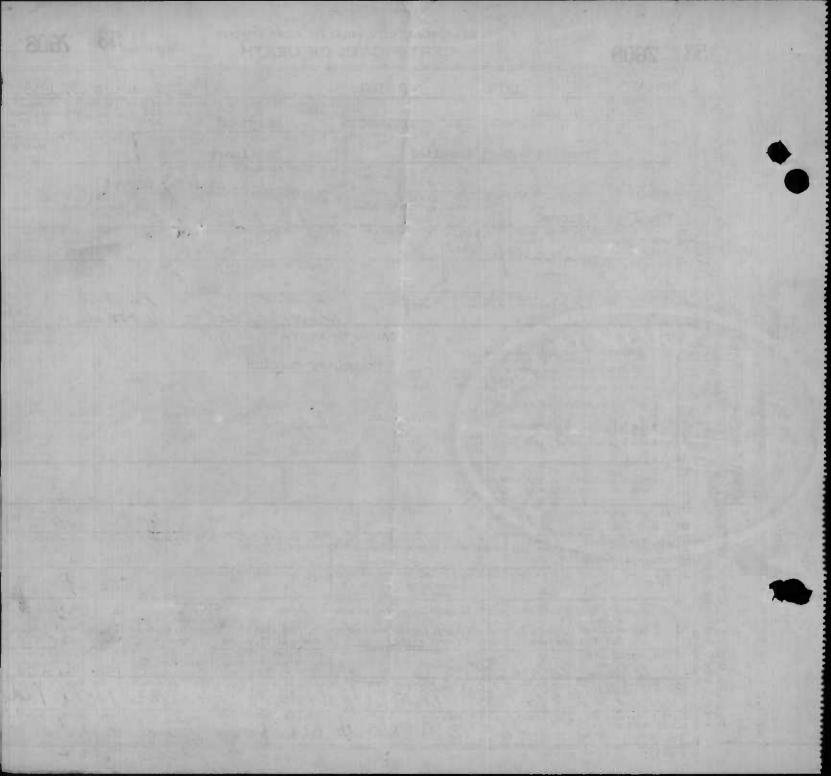


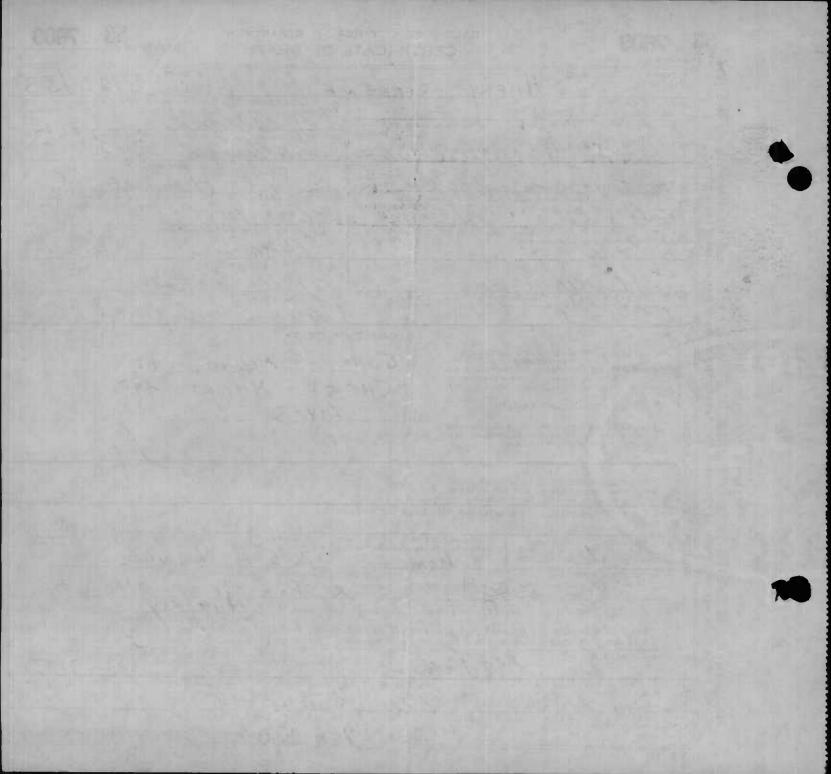
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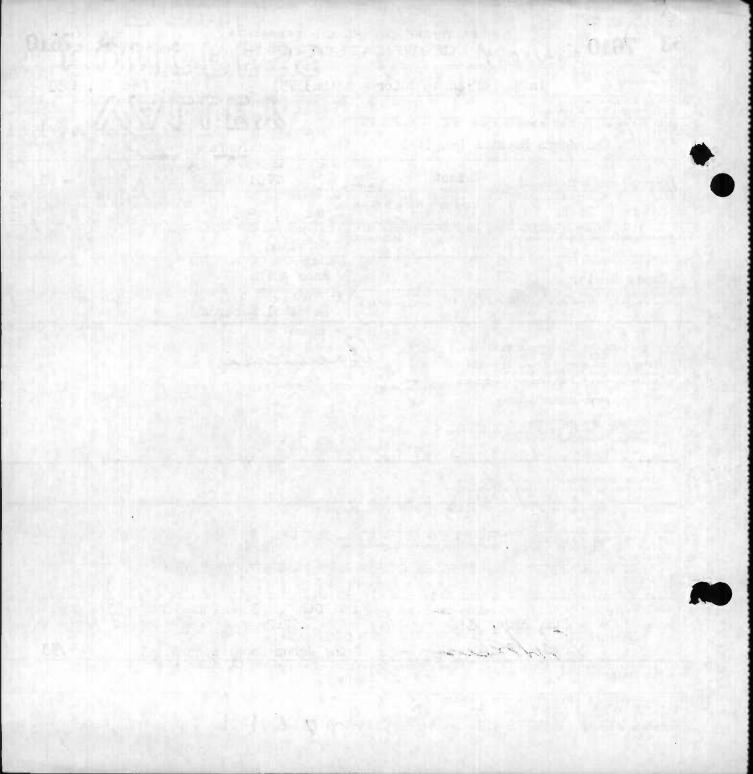
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 53 7608

BIR	THINGUU	
1. N	AME OF DECEASED De or Print)	2. DATE
	FF2TE BONTON	DEATH August 20, 1953
	LACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
	ULL NAME OF (not in hospital or institution, give street address or spital OR location)	Maryland
INS	TITUTION	c. CITY OR TOWN (If outside corrorate limits, write HUMAL and give township)
36	Franklin Square Hospital	Baltimore  D. STREET ADDRESS (If rural, give location)
c I	Mos.	216 N. Stricker Street
5. S	EX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   11 Under 24 Hours
F	Female Colored WIDOWED DIVORCED (Specify)	2-10-/898 last hinthiay) Months Days Hours Min.
10A.	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR one during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
	11 nemblowed	WHAT COUNTRY
13.1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. (Yes, 1	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NFORMANT
		Nam May - Woodgeow St
	18. 465% CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., (A)	onary embolus
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	ANTECEDENT CAUSES	
7	(B)	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
A	UNDERLYING CONDITION LAST. (C)	
F -		
E	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
E E	TO THE DISEASE OR CONDITION CAUSING IT.	ATION 1 20. AUTOPSY?
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	YES X NO
V Z	21A. EXTERNAL CAUSE WAS   21B. PLACE OF INJURY (e.g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)
١١٥	UNDERLYING OR CONTRIB. about home, farm, factory, at reet, office bldg., e	injury occur?
Z -	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	21F. HOW DID INJURY OCCUR?
1	OF INJURY WHILE AT NOT WHILE IN MOT WHILE AT WORK	
	22. I certify that I took charge of the remains described a	bove, held an Autopsy thereon and from
		Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day stated above
	and death in my opinion resulted from: natural causes	$\mathbb{Z}[S]$ , accident $\square$ , suicide $\square$ , homicide $\square$ , undetermined $\square$ .
	23A. SIGNATURE	238. CHIEF MEDICAL EXAMINER
		.D.   MEDICAL INVESTIGATOR   Aug. 21, 1953
	REMOVAL (Specify) 244 DATE 24E. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county). State
	max 0/0/100 1100, 13	Colored Comment of the Maria
LOC	E RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL PRECTOR ADDRESS
13 2	16 7 8 31 31 37 37 37 4 134 134 134	The state of the s







MARGIN

A Comment of Marine . of Later Charles for 

The	7612 BALTIMORE CITY HE CERTIFICATI	
	NAME OF DECEASED (Type or Print)  COK, Henay	2. DATE OF DEATH
ddns	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived A. STATE DE. COUNTY
lly .	OSPITAL OR IDEASING DESPITAL	C. CITY OR TOWN (If outside corporate li
legib	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
should be	Male Color RACE 7. SINGLE MARRIED. WIDOWED IVORCED (Specify)	May 9 1888 9. AGE (In years lest birthday)
rmation should be carefudeath clearly and legibly.	DA. USUAL OCCUPATION (Give kind of k done during most of work log life, even if retired)  ARMER 108. KIND OF BUSINESS OR INDUSTRY  LARMER 108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  MARY LAND
of information uses of death cle	COOK, Jessie	MACK MANNY
of informasses of deal	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  (If yes, give war or dates of service)  SECURITY NO.	Brother 15
FOR y item the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	TO Vascular Cacident
ESER INK. lease v	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	pertension (Nyperten
MARGIN R UNFADING Physicians: pl	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H 1	19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II
ILY, WITH important.	2 IA. ACCIDENT WAS UNDERLYING 2 IB. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or 21C. WHERE DID (If in Baltimore College, etc.) INJURY OCCUR?
AINLY,	21d TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK	.E

EST SEN

REGISTRAR'S SIGNATURE

248. DATE

20. AUTOPSY IN YES ity, give exact location) 22. I hereby certify that Lattended the deceased from \$129 deceased alive on \$125 \ \( \tag{19.5} \)3, and that death occurre 3., 19\_\_, that I last saw the 7953, and that death occurred at 1255cm., from the causes and on the date stated above. 23c. DATE SIGNED 238. ADDRESS (State) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION

33. 7612

If institution : residence

mits, write RURAL and give

Months Days Hours Min.

ADDRESS

ze,

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

before admission)

LOCAL REGISTRAR VS 150

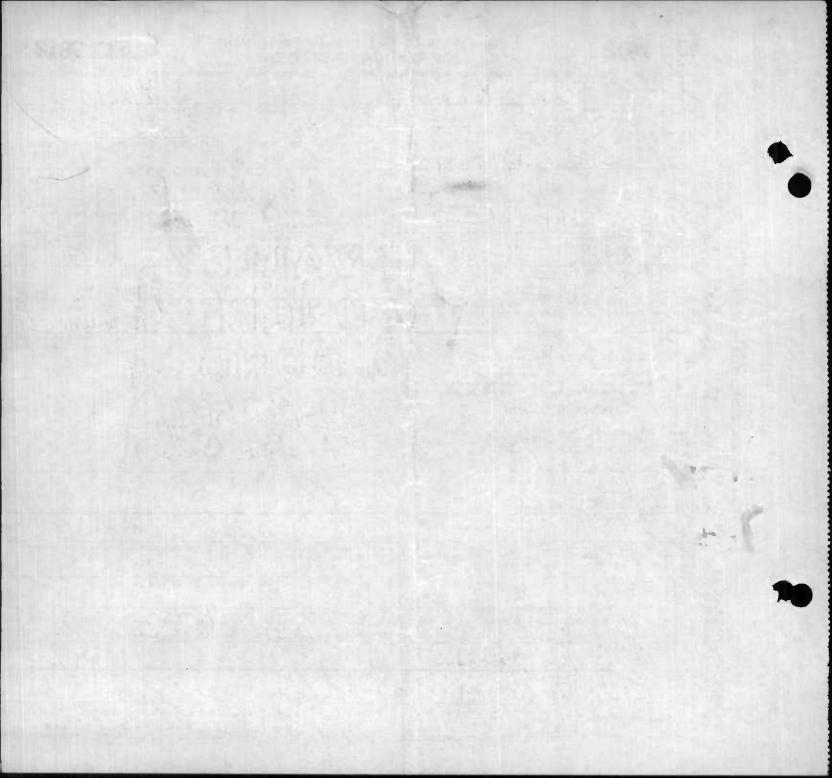
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deceased alive on.

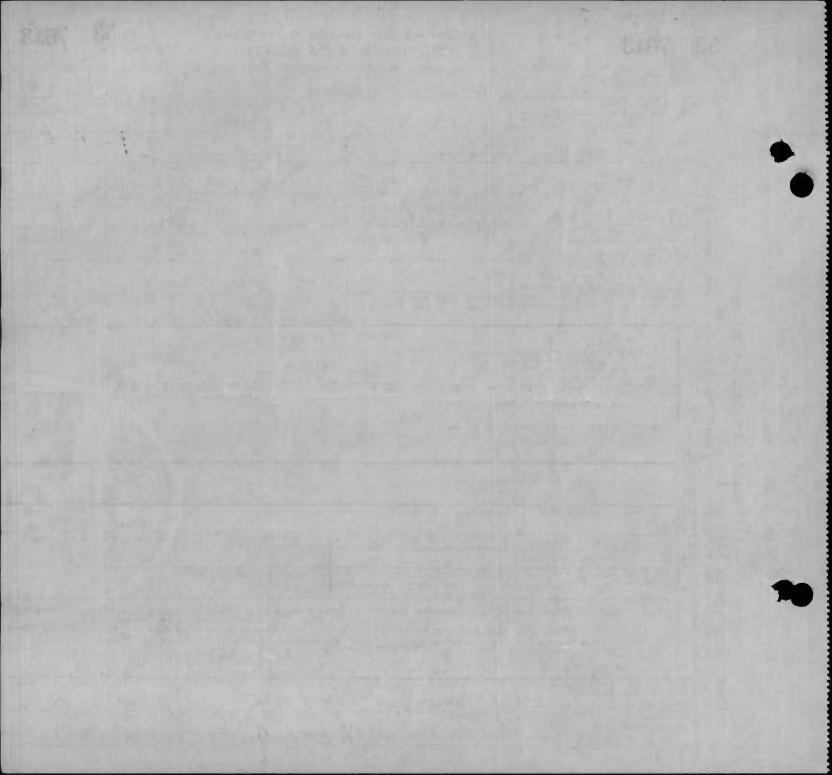
23A. SIGNATARE

24A. BURIAL CHEMA-TION REMOVAL (Specify)

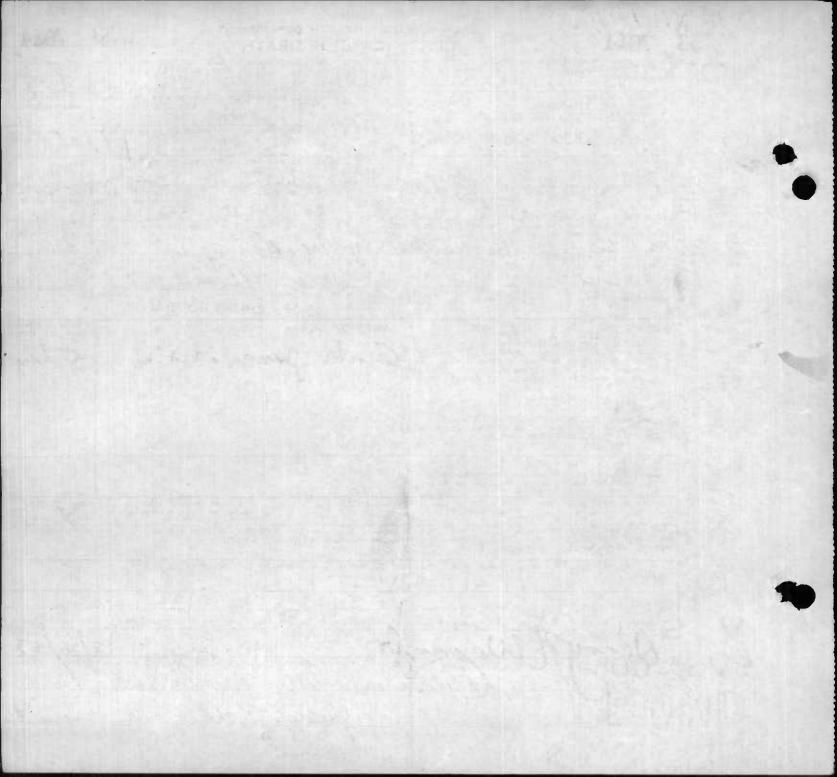
DATE RECEIVED BY



Registered No 2. DATE 26 DEATH Aug. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside correcte limits, write RVR) D. STREET ADDRESS (If rural, give location) 230 S. Fremont Avenue 9. AGE (In years | 1 Under 1 Year | 11 Under 24 Hours | last birthday) | Months | Days | Hours | Min. 11. BIRTAPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS NTERVAL BETWEEN ONSET AND DEATH DUE TO hypertensive cardiovascular disease 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes &, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B. CHIEF MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR 24b. LOCATION (City, town, or county) DATE RECEIVED BY UNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 3 7 MANUFACTURE OF 151



The	VV - 425 53 7614 BIRTH NO.	BALTIMORE CITY HEAD CERTIFICATE		Registered No.3	7614
	1. NAME OF DECEASED (Type or Print)	lier Fill	kina	2. DATE OF OLIA 2	6,1953
ilqqu	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or		. USUAL RESIDENCE (Who		on : residence efore admission)
should be carefully supplied.	HOSPITAL OR INSTITUTION JOHNS HOPKIN	location)	CITY OR TOWN (If or	tside corporate limits, write l	RURAL and give township)
caref	c. Length of stay in Baltimore	40 Wes. Days	STREET ADDRESS (If ru	ral, give location)	8×
ld be	5. SEX   6. COLOR OR RACE   7.		DATE OF BIRTH	9. AGE (In years   1 Under 1 Yes last birthday) Months Da	Hours Min.
shou	10A. USUAL OCCUPATION (Give kind of work lone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or fore		IZEN OF
G matior eath c	13. FATHER'S NAME	wate family	1. MOTHER'S MAIDEN NAT	le l	o.a.
DIN nfor of d	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	CCES? 16. SOCIAL 17	arge Jeffers.	ADDRESS	
DI of ise	18. 587.0	CAUSE OF	JOHNS HOPKINS F	INT	ERVAL BETWEEN ET AND DEATH
FO ite	DISEASE OR CONDITION DIRE  LEADING TO DEATH  (This does not mean the mode of dy	ng, e. g., (A) ClCnH	e pancie	5 4 6	Lane
RVED Ever write	heart failure, asthenia, etc. It means the injury or complication which caused	e uisease,	V		
RESER INK. please v	Z DISEASES OR CONDITIONS, IF ANY	(B)			***************************************
5	ONDERLYING CONDITION LAST.	(C)			
MARGIN UNFADIN Physicians:	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELA				
E E	19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPER FERFORMED		DEATH. ENTER IN	AUTOPSY?
LY, WITH important.	O 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (e. g., about home, farm, factory, street, office hidg	In or 21c. WHERE DID (If	in Baltimore City, give ex	act location)
1.3	Z 21D. TIME (Month) (Day) (Year) (Hou OF INJURY	WHILE AT NOT WHILE	21F, HOW DID INJU	RY OCCUR?	
9	22. I hereby certify that I attende	ed the deceased from 8	12 1953 to 8		I last saw the
'RITE	deceased alive on 19	and that death occurred	ADDRESS	10/	stated above.
PLEASE WRITE correct age is esp	24A. BURIAL, CREMA- 24B. DATE TIOH REMOVAL (Species)	1/24c. NAME OF CEMETERY		ATION City, town, or equal	(State)
PLEA	DATE RECEIVED BY REGISTRAR'S SI LOCAL REGISTRAR	SAULICALVARY (2)	JUNE AND THE STUDIES OF THE STUDIES	ADDR	ess + C
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		720	SA		



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) Emma Sharker aka supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN (If outside corporate limits, write RUKAL and give arefully INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. Foster c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) should DIVORCED 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY information s s of death clea 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Weber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yee, no or unknown) (If yes, give war or dates of service) SECURITY NO Jo MRS-ELIZABETH CAUSE OF DEATH FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION AL 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from 8 - 2 5, 1913 to D-2 - , 19 3 3that I last saw the deceased alive on 9-2 5. 1953, and that death occurred at 11 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) BURING WESTERN BALTI MORE DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

ownshlp)

Months Days Hours Min.

12. CITIZEN OF

POSTER

ADDRESS

WHAT COUNTRY?

ONSET AND DEATH

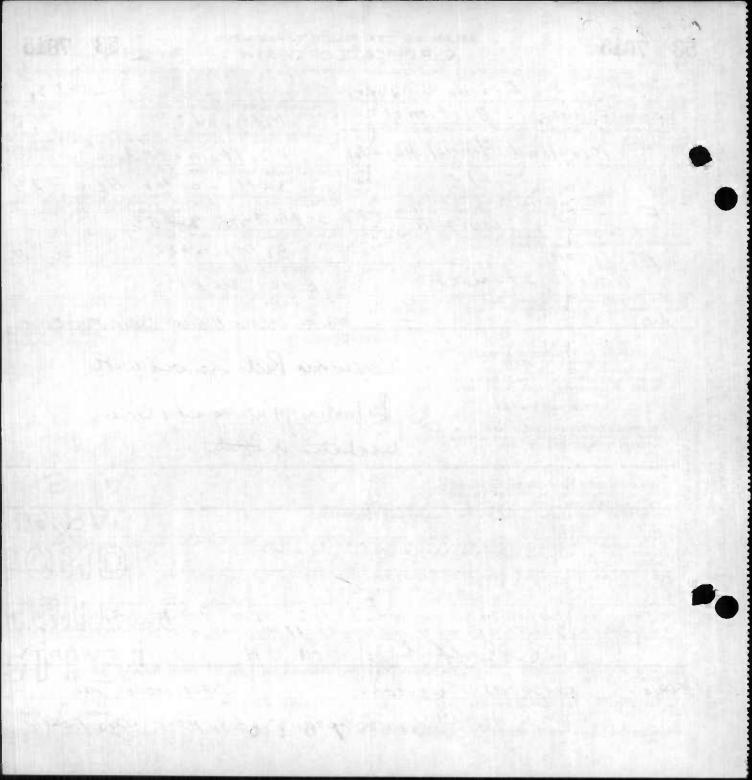
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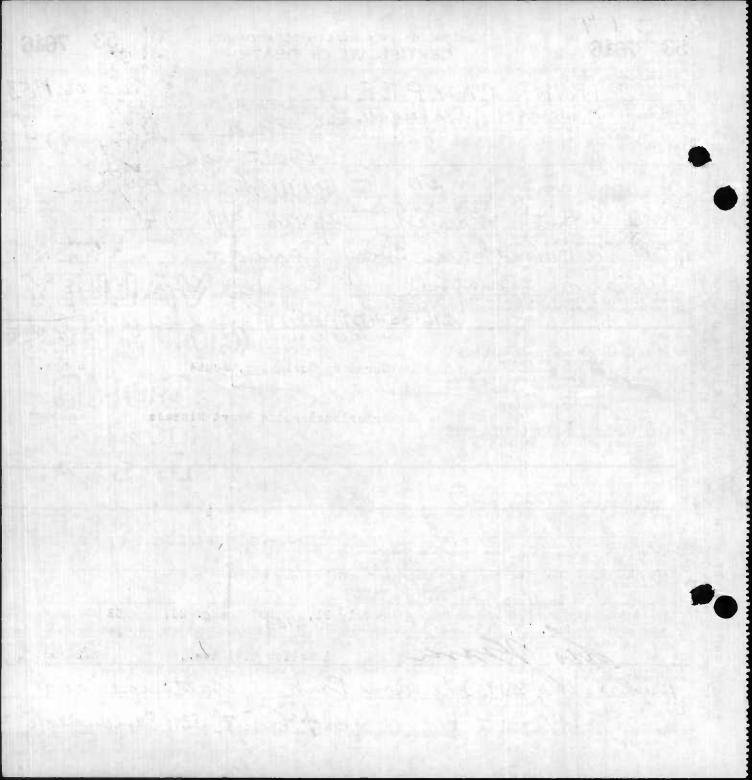
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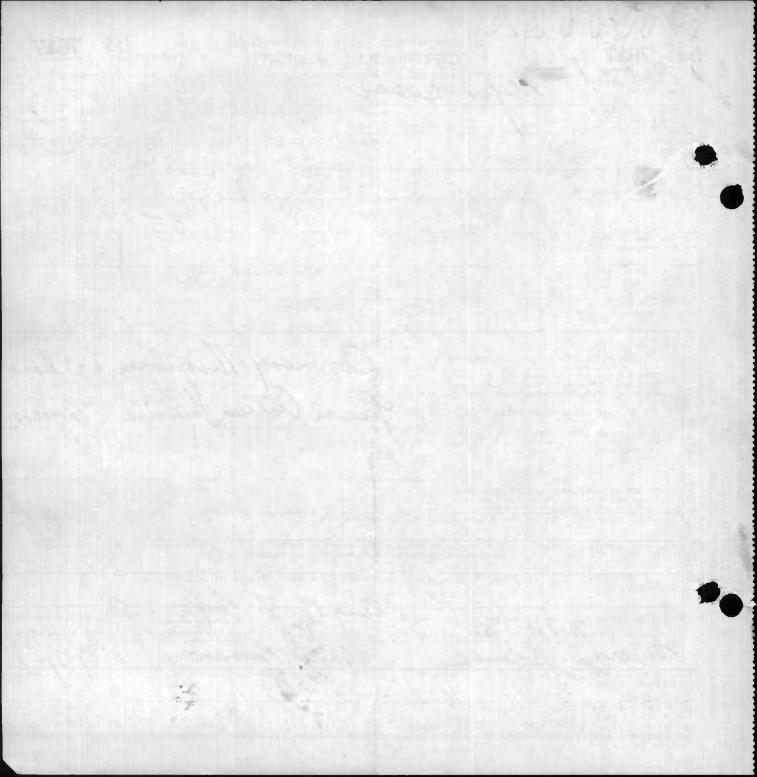
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH: 14. USUAL RESIDENCE (Where deceased lived, If ) A. Baltimore City, Maryland 60 B. COUNTY before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR (If outside corporate limit, Frit KURAL an INSTITUTION legibl Yrs. Mos. c. Length of stay in Baltimore Doug and 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED (Specify) AGE (In years | Munder | Year | Munder 24 Hours | Months Days | Hours Min. 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPL ACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF onk done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information Vice. C death 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES of 16. SOCIAL (If yes, give SECURITY causes 6-15-47 Jo -20.0 ONSET AND DEA DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary Occlusion, Acute hrs. (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUF TO ANTECEDENT CAUSES (B) ... Arteriosclerotic "eart Disease unknown DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) .. L RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 111 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY ICAL important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ō about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK especi 22. I hereby certify that I attended the deceased from July 31, 1953, to Aug. 26, 1953, that I last saw the deceased alive on Avg. 26, 1953 and that death occurred at \$159m, from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 02 8/26/53 Mallow Hill Ave. . 24A. BURIAL. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) correct DATE RECEIVED BY DIRECTOR LOCAL REGISTRAR VS 150





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before admission)

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

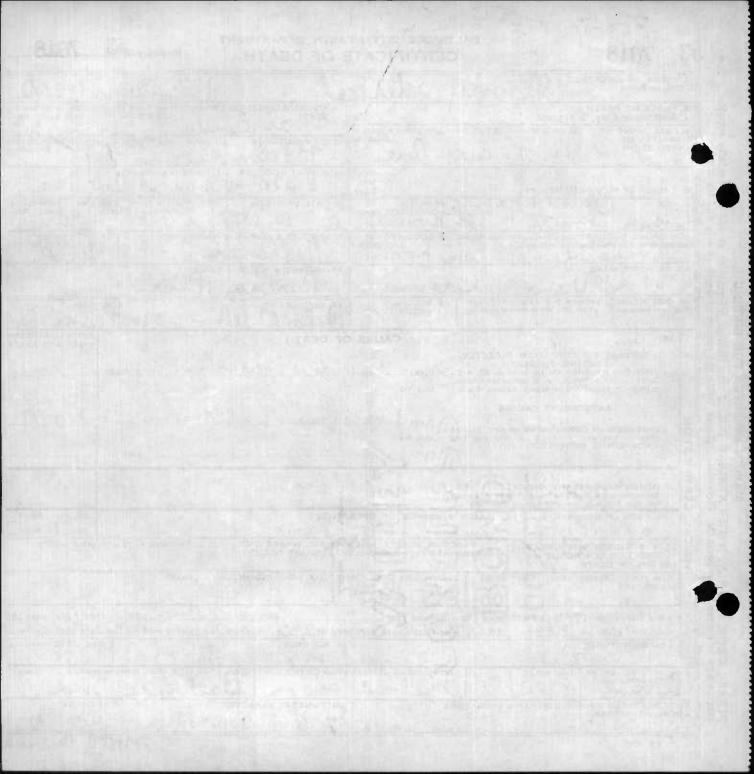
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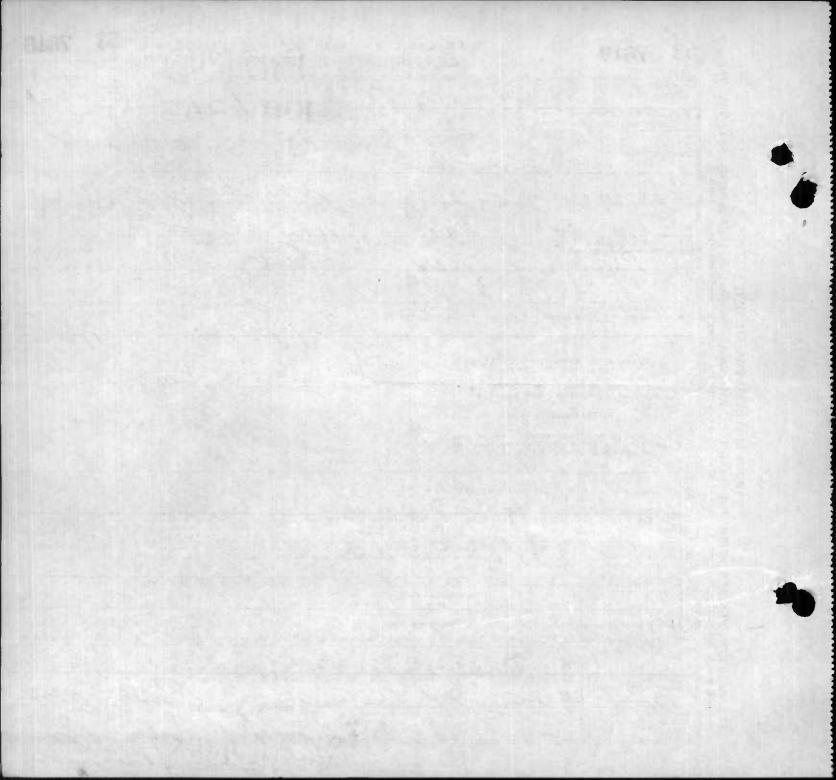
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23c. DATE SIGNED



11 /	M-250	
5	3 7619 BALTIMORE CITY H	EALTH DEPARTMENT 53 7619
В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.
	NAME OF DECEASED OSCAN J. M.	1000 2. DATE 0F 8/25/53
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR Iocation NSTITUTION	C. CITY OR TOWN (If outside corporate finit, write RORAL and give
	15 5/ Chygle Che	Agalh township)
c	Yrs.  Length of stay in Baltimore  Day	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9 AGE (In years It Under I Year Months Days Hours Min.
10 WOI	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTR	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	5 WAS DECEASED EVED IN II S ADMED TODAYS   1 0 00011	/
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO.	Evelyn Taylor-1537 angle W
	1770,	OF DEATH
	OISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g.,  (A)	ral Regurcitation 2 days
	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	
_	ANTECEDENT CAUSES Light	rtensine Cordin Mrs. Pissons
No.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	7700
CA	UNDERLYING CONDITION LAST. (C)	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
CE	DISEASE OR CONDITION CAUSING IT.	PPERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?
AL	none Was PERFORMED	CAUSE OF DEATH, ENTER IN YES NO P
EDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, offit DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) 20bldg.,etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WE	
	m.   work L AT wo	
	deceased alive on 25, 1950, and that death occur	urred at 53 Cm., from the puses and on the date stated above.
	23A. SIGNATURE MILL OF Whence M. D.	1225 Penna ave. 8126/53
2 T	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
-	Bruil 8-28-55 Mt. Cur	25. FUNERAL DIRECTOR ADDRESS
1	MIC / mile Son / Milaum	Samuel W. Sullwander.
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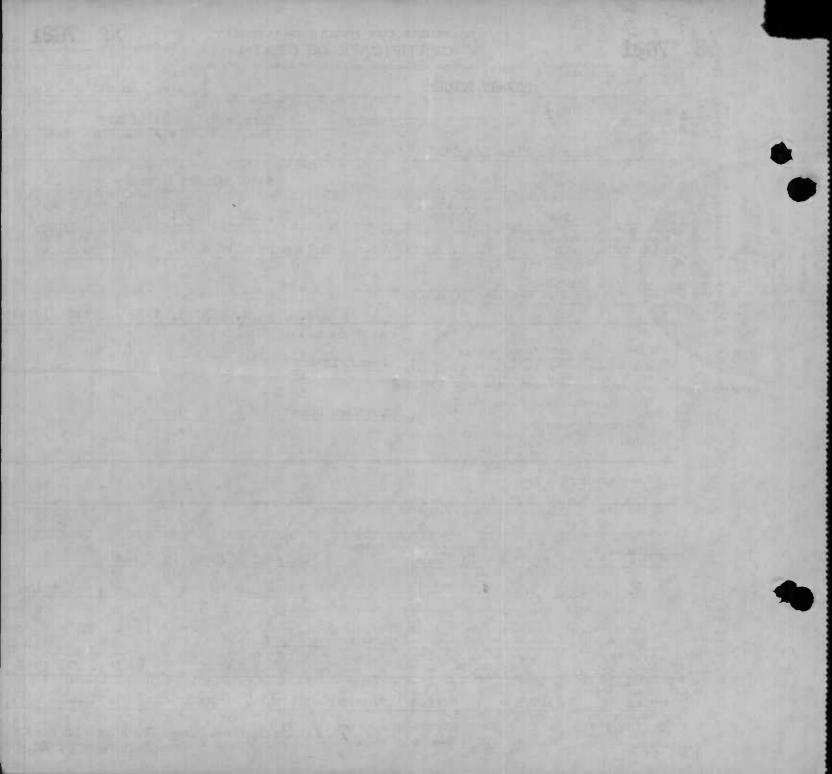
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Value of the State 

## BALTIMORE CITY HEALTH DEPARTMENT

53 Registered No.\_\_ 7621

e e	В	RTH NO.			OLIVIII IOATI	- OI BEATTI		
The	1.	NAME OF D	ECEASED				2. DATE	
ġ.	(1	ype or Print)	HOW	ARD TUI	OOR		DEATH Augu	st 26, 1953
plied	Α.		City, Maryland			4. USUAL RESIDENCE (W		institution: residence
(DING information should be carefully supplied.	H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)	Maryland C. CITY OR TOWN (If		s, write RURAL and give
	3		Johns Hopkin	s Hospi	ital			township)
	-				Yrs.	D. STREET ADDRESS (If	rural, give location)	
	c.	Length of s	tay in Baltimore	Life	Mos. Days	8339 Pula	aski Highway	
	5.	SEX	6. COLOR OR RACE		MARRIED,	B. DATE OF BIRTH	9. AGE (In years   H	Under 1 Year   11 Under 24 Hours
	-	Male	White	Wic	dower (Specify)	Feb. 22, 1882	71	nths Days Hours Min.
rly			CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
s s lean		Maintena		G. L.	. Martin Co.	Baltimore City	U. S. A.	
ion 1 cl	13	FATHER'S	IAME			14. MOTHER'S MAIDEN NA	ME	
r nat nat			Unknown		10 11 17 70	Unknown		
BINDING of inform uses of dea	15	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT	· Al	DDRESS
(D)	(re	NO or unknown)	(If yes, give war or date:	or service)	SECURITY NO.	Mrs. John H. Bol		
R BIN em of i causes			/ /		CALICE		11.011, 0000 1	INTERVAL BETWEEN
- = 1		18. E81	6.4 1		CAUSE	OF DEATH		ONSET AND DEATH
FOR item			SE OR CONDITION LEADING TO DEAT	TH	Cimal 1	fracture		
日本		(This does	not mean the mode ore, asthenia, etc. It mea	of dying, e. g	5·) (A)	Tracture		
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N E	ANTECEDENT CAUSES Crushed chest							
Se Ki	_	***************************************						
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r M	ATI	UNDERLY	ING CONDITION LA	ST.				
N N S	ŭ	-						
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F.A.	RT	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
MA UNF. Physi	CE		F OPERATION 1		FINDINGS OF OPER	ATION		20, AUTOPSY?
		ISA. DATE C	F OPERATION 1	95. MAJOR	FINDINGS OF OFER	ATTON		YES X NO
WITH rtant.	CAI	214 FYTERN	IAL CALISE WAS	1 21B. PLA	CE OF INJURY (e. g., in	or 21c. WHERE DID (II	in Baltimore City, g	
ILY, WIT	ŏ	UNDERLYIN	AL CAUSE WAS	about home, f	arm, factory, street, office bldg., e	(c.) INJURY OCCUR?		ra-Fil
- 0	Ш		AUSE OF DEATH.		ghway	Pulaski High		93-54
PLAINLY,	Z	OF INJURY	Month) (Day) (Year)	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	21E. INJURY OCCURRENT NOT WHILE			
AII			5, 1953 3:30	Pem.	WORK AT WORK	A 4		
PL		22. I certij	y that I took char	ge of the	remains described a	bove, held an Autonov	nspection or Inquiry	thercon and from
		the evi	dence obtained by	said Auto	psy, Inspection or I	nquiry, find that said de	ceased died on th	e day stated above,
E. S.		23A. 2 GNA	TURE /	resulted j	Tom: natural causes	238. CHIEF MEDICAL E		
e ≰		11/11	100 1 /M	mitte		ASSISTANT MEDICAL E	XAMINER 🔼 🗼	ig. 27, 1953
age	24	A. BURIAL.	REMA- 248. DATE	JUNY :	40 NAME OF CEMETER	D.   MEDICAL INVESTIGATORY   24d. LO	CATION (City, town,	
PLEASE WRITE correct age is esp	TIC	A. BURIAL, C	pecify)		9		nmer Run, Ma	
LE	-	Burial	8/29/53		Zion Luthera	25. FUNERAL DIRECTOR	mier muit, Ma.	ADDRESS
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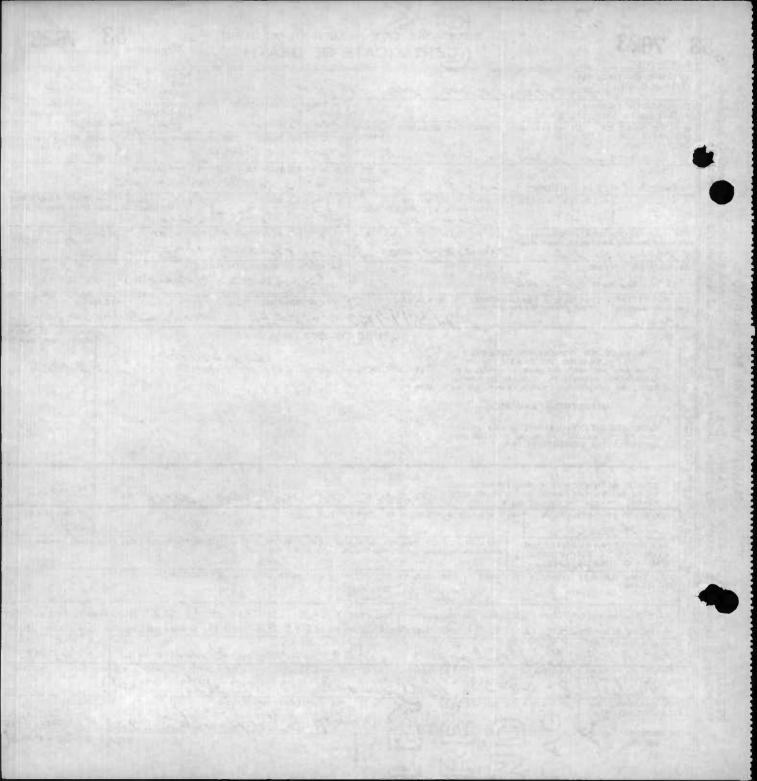


The		170504 31 NO.76	22	BAI	CERTIFICA			Registered 1	53	7622	
	1. (T	NAME OF D ype or Print)	ECEASED	Charles	Pendleton			2. DATE OF DEATH	5-1953		
ıpplie	A.		City, Maryland			A. STATE	RESIDENCE (W	here deceased lived. If B. COUNTY		: residence fore admission)	
should be carefully supplied.	H	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location)  4940 Eastern Avenue					c. CITY OR TOWN (If outside corporate dimits, write t URAL and a bowns)				
care legib]	c.	Length of s	tay in Baltimore		6 yrs. Mos	2022	Ridge Hil	ural, give location)  1 Avenue #17	,	•	
ould be	5. SEX 6. COLOR OF RACE   7. SINGLE, MARR			E, MARRIED, VED, DIVORCED (Speci	8. DATE OF	BIRTH	9. AGE (In years last birthday)	f Under 1 Year onths Day	Hours Min.		
n shor			CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTR		ACE (State or fo.	reign country)		ZEN OF T COUNTRY?	
em of information shou causes of death clearly	13	FATHER'S	Charles	Pendle	ton	14. MOTHER	S MAIDEN NA	ME	USA		
		5. WAS DECEASED EVER IN U. S. ARMED FORCES?  ca, no or unknown) (If yes, give war or dates of service) SECURITY NO.  ?				17. INFORM. B.C.H. 4	ANT 940 Easte:		record	ls)	
MARGIN RESERVED FOI UNFADING INK. Every ite Physicians: please write the	RTIFICATION	DISEASE: RISE TO T UNDERLY	re, asthenia, etc. It mes complication which of ANTECEDENT CAUSES OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LATER CONDITIONS OF ANTECANT CONDITIONS DEATH BUT NOT	eaused death	(B) Hemor	chage from	Bleeding	Gastric pol	lyps		
H	CE	DISEASE C	F OPERATION 1	IT.	ITION FOR WHICH	OPERATION	IF OPERAT	TION WAS RELATED '	IN I	AUTOPSY1	
ILY, WITH important.	EDICAL	21A, ACCIDI OR CONTRIE DEATH (NOT	ENT WAS UNDERLY BUTING CAUSE OF	NG 211	B. PLACE OF INJURY bome, farm, factory, street, of		PARTIO	R PART II  If in Baltimore City	YES	et location)	
	Σ	21b. TIME OF INJURY	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR				HOW DID INJ	URY OCCUR?			
TE PLAIN especially		22. I hereb	y eertify that I at	tended the	deceased from 5	- 20 - urred a9:58	, 19.53 to 8 m., from th	25 , 19	5,3that I the date	last saw the	
WRITE ge is espe		23A. SIGNA	TURE HOPE	ma	м. р.	4940 East	tern Aveni	10	8-25	-1953	
ASE et ag	TI	4A. BURIAL. ON, REMOVAL (S Urial	Specify)	53	Mt Auburn	TERY OR CREMA		CO Md	or county	) (State)	
PLEASE correct ag	D	ATE RECEIVE	D BY REGISTRAR				L DIRECTOR		ADDRE	SS	

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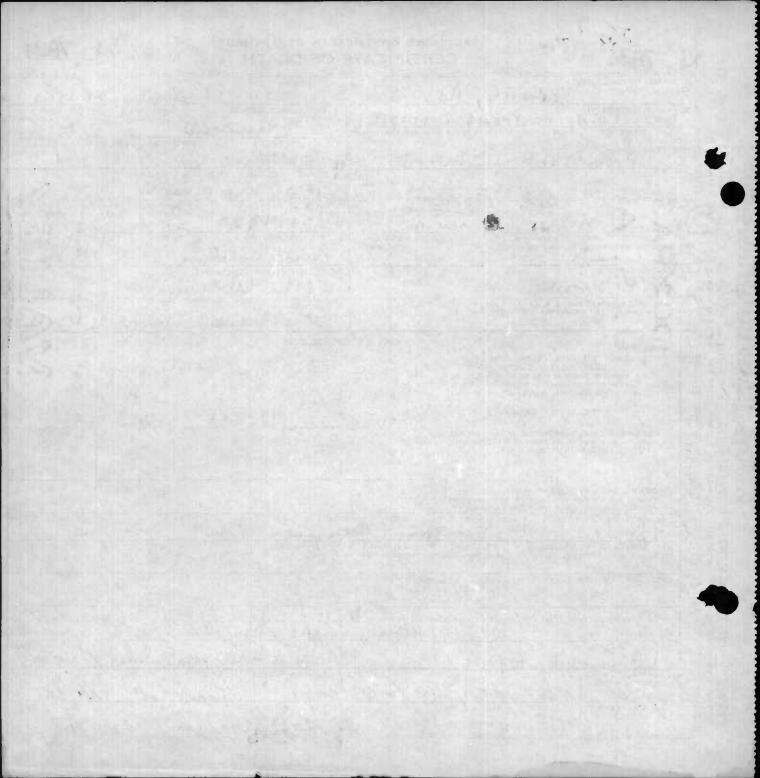
polyps 20. AUTOPSYT TED TO ER IN YES Z City, give exact location) 19\_5, that I last saw the on the date stated above. 23c. DATE SIGNED 8-25-1953 24c. NAME of CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Balto. Md. Mt Auburn 25. FUNERAL DIRECTOR ADDRESS

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	PLEASE WRITE H NLY, WITH

-		EALTH DEPARTMENT E OF DEATH Registered No.	3 7624
	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH: A. Baltimore City, Maryland Provident Hospital	2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, f in	
	B. FULL NAME OF (If not in hospital or institution, give street address of hospital or institution, give street address of location)  Provident Hospital + Tree Dospens	c. CITY OR TOWN (If outside corporate limits)	7
	c. Length of stay in Baltimore  S. SEX  G. COLOR OR RACE  Output  The stay in Baltimore  Th	8. DATE OF BIRTH 9. AGE (In years It Un	nder I Year ths Days Hours Min.
6	10A. USUAL OCCUPATION Givekind of work done during most of working life, even if retired)  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)   1:	2. CITIZEN OF
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	Foltie Williams	DRESS
200	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH  advance Carcinons  the Cerrix - with  to tessis to the Jelmi	INTERVAL BETWEEN ONSET AND DEATH
-	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
The carrie	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (c. g., about home, farm, factory, street, office bldg.,	in or 21d, WHERI DID (If m Baltimore City, give.) INJURY OCCUR?	YES NO
correct age is especial	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR WHILE AT WORK MORK AT WORK  22. I hereby certify that I aftended the deceased from deceased alive on 125, 195, and that death occu	rred at 160 km., from the causes and on the 239 ADDRESS WOULDER TO THE LOCATION City, town, or COM.	23c. DATE STONED

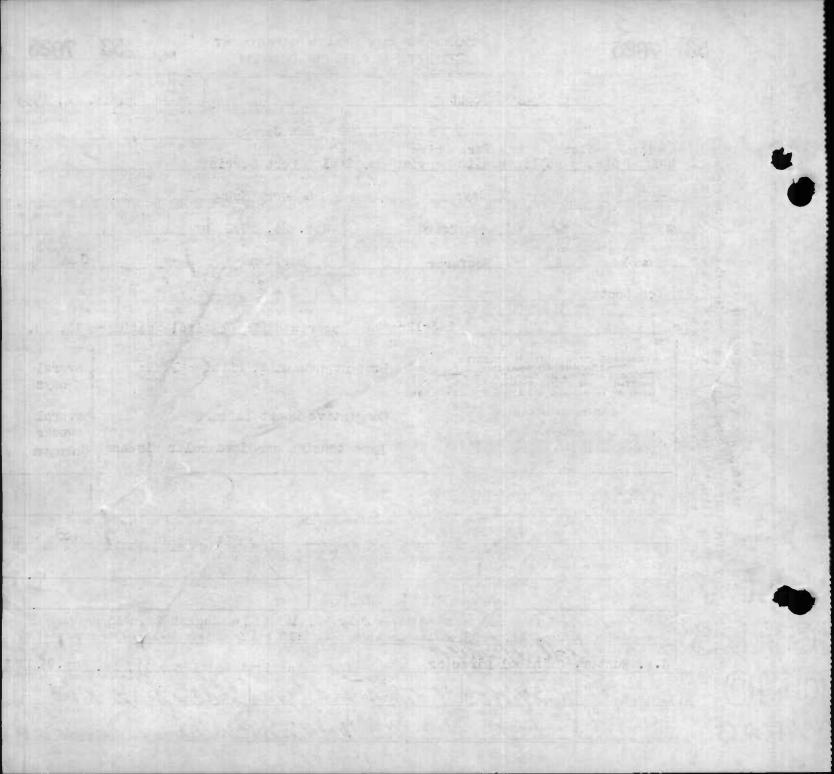


## BALTIMORE CITY HEALTH DEPARTMENT Pagistary 53 7625

B. FULL NAME OF (If not in hospital or institution, give street address or location)  On Spital or 31st & Wyman Park Drive   Section   United States Public Health Service Hospital   Port Normis   United States Public Health Service Hospital   Port Normis   C. Length of stay in Baltimore 28 days   Days   Days   C. Length of stay in Baltimore 28 days   Days   Days   C. Length of stay in Baltimore 28 days   Days   Days   C. Length of stay in Baltimore 28 days   Days   Days   C. Length of stay in Baltimore 28 days   Days   Days   C. Length of stay in Baltimore 28 days   Days   C. Length of stay in Baltimore 28 days   Days   C. Length of stay in Baltimore 28 days   Days   C. Length of stay in Baltimore 28 days   Days   C. Length of stay in Baltimore 28 days   Days   C. Length of stay in Baltimore 28 days   C. Length of stay in Baltimore   C. Length of stay in Baltimore 28 days   C. Length of stay in Baltimore   C. Length of Stay	BIF	CERTIFIC	CATE	E OF DEA	TH	Registered	110,	
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR HOSPITAL OR STITUTION Solve Wyman Park Drive United States Public Health Service Hospital United States Public H	1. (Tv	ne or Print)				2. DATE		
A. Baltimore City, Maryland  Full, NAME of (If to in bepital or institution, give street address or HOSPITAL OR  FULL NAME OF (If to in bepital or institution, give street address or HOSPITAL OR  INSTITUTION 31st & Wyman Park Drive  United States Public Health Service Hospital Port Norris  C. Length of stay in Baltimore 28 days  O. COLOR OR RACE 7. SINGLE MARKHED.  D. STREET ADDRESS (If Tural, give location)  O. Berry Row  O. COLOR OR RACE 7. SINGLE MARKHED.  O. SEX  O. COLOR OR RACE 7. SINGLE MARKHED.  O. MIDOVED DIVORCED (Speedly)  Married  O. W. 25, 1892  O. O. Length of stay in Baltimore 28 days  Maryland  O. J. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SEAS OR COLOR OR RACE 7. SINGLE MARKHED.  O. SECURITY NO.  I. SECURITY NO.  II. SINTHALACE (State or foreign country)  II. BIRTHALACE (State or foreign country)  II. BIRTHALACE (State or foreign country)  II. BIRTHALACE (State or foreign country)  II. SINTHALACE (State or foreign country)  II. SECURITY NO.  II. SECURITY NO.  II. SECURITY NO.  II. SECURITY NO.  O. SATE ADDRESS  II. SOCIAL NOTHER SMALDER NAME  II. SECURITY NO.  II. SECURITY NO.  II. SECURITY NO.  O. SATE ADDRESS NET ADDR		Monroe Scott				DEATH AU	rust 21	
B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OF 31st & Wyman Park Drive  United States Public Health Service Hospital  Port Norris  Length of stay in Baltimore 28 days  S. SEX  O. COLOR OR RACE 7. SINGLE, MARRIED.  MIDOWED, DIVORCED (Specify)  Married  O. MIDOWED, DIVORCED (Specify)  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Married  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 7. SINGLE, MARRIED.  Nov. 25, 1892  O. OLOR OR RACE 8. SINGLE 9. SIN			1 - 4		DENCE (			n : residence fore admission
United States Public Health Service Hospital Port Norris  United States Public Health Service Hospital Port Norris  Length of stay in Baltimore 28 days  Sex   0.COLOR or Race   7. SINGLE. MARKIED.   NIDOWED. DIVORCED (Specify)   S. SEX   0.COLOR or Race   7. SINGLE. MARKIED.   NIDOWED. DIVORCED (Specify)   Married   Nov. 25, 1892   60  10A. USUAL OCCUPATION (Circhidost)   10B. KIND OF BUSINESS OR INDUSTRY   Maryland   1. BIRTHPLACE (State or foreign country)   12. CITIZEN   Maryland   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   16. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   17. INFORMANT   ADDRESS   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. SOCIAL   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MAS DECEASED EVER IN U. S. ARMED FORCES!   18. MA	в. Р	FULL NAME OF (If not in hospital or institution, give street ad				V-	27	AT LA EST
Length of stay in Baltimore 28 days	N:	SPITAL OR 31st & Wyman Park Drive	ocation)	c. CITY OR TOV	AM (]	If outside corporate lim	its, write R	URAL and give township
C. Length of stay in Baltimore 28 days Moss 6 Berry Row 9. Age (In years Marching Months) 1938 6. SEX 0. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF BIRTH 1. SINGLE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE OF GREAT MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE MARRIED. MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE MARRIED. MARRIED. MARRIED. WIDOWED, DIVORCED (Speelfy) 1. BLATE MARRIED. MARRIED	J	Jnited States Public Health Service H						
C. Length of stay in Baltimore 28 days  S. SEX  G. COLOR OR RACE  WINDWED, DIVORCED (Speedly)  Married  10. USUAL OCCUPATION (Give kind of content of the co	51			D. STREET ADD	RESS (1	f rural, give location)		
MINOWED, DIVORCED (Specify)  Maryland  10. USUAL OCCUPATION (Givekinder)  CODK  10. USUAL OCCUPATION (Givekinder)  CODK  10. MUSUAL OCCUPATION (Givekinder)  CODK  10. MINDUSTRY  Seafarer  10. BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. CITIZER  Maryland  14. MOTHER'S MAIDEN NAME  TOM SOOTH  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no or unknown)  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)  16. SOCIAL  SCURITY NO.  17. INFORMANT  17. INFORMANT  18. LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSE  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH SUT NOT	С.	Length of stay in Baltimore 28 days		6 Berry	Row		727 2 2 2	
10. USUAL OCCUPATION (Give kind of conditions) control donodring most of working life, even if retired)  CODE  13. FATHER'S NAME  Tom Scott  15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO. SECURITY NO. SECURITY NO. SECURITY NO. DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION TO THE ABOVE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSBRUTT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING TO THE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING TO THE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING TO THE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING TO THE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING TO THE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING TO THE CAUSE OF DEATH. ENTER IN VES ENTER OF DEATH AUSBRUTTING CONTRIBUTING CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUT	5, 5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED	(Specify)	8. DATE OF BIR	1.14			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yee, give war or dates of service)  16. SOCIAL SECURITY NO. 143-12-6653 Records USPHS Hospital Baltimore 11.  18. Ladder of the condition of DEATH (This does not mean the mote of dying, e.g., heart failure, shehria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Congestive heart failure  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  10. The resignificant conditions Contributing TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  13. ADATE OF OPERATION 198. CONDITION FOR WHICH OPERATION IF OPERATION WAS PERFORMED PART II OR PART II O	13.	FATHER'S NAME		14. MOTHER'S	MAIDEN N	NAME		1 1 7 7 1
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RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.    1	z	(B)		stive neart	lain	ıre		
C)    Comparison to the conditions contributing to the deceased from July 27, 1953 to August 24, 1953, that I lass	임	DICE TO THE ABOVE CALLED AND STATUTE THE THE				7		
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TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION CAUSE OF DEATH, ENTER IN YES X  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH, ENTER IN YES X  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH,								
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. ENTER IN PART I OR PART II  21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING) about home, farm, factory, street, office bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact to INJURY OCCUR?)  21D TIME (Month) (Day) (Year) (Hour) OF INJURY  22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I last	E							
19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OPERATION  WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN  YES  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN  YES  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN  YES  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN  YES  AT WORK  21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.)  INJURY OCCUR?  21B. TIME (Month) (Day) (Year) (Hour)  OF INJURY  21B. TIME (Month) (Day) (Year) (Hour)  WHILE AT WORK  21F. HOW DID INJURY OCCUR?	Ш	TO THE DEATH BUT NOT RELATED TO THE			THE REAL PROPERTY.			
PART I OR PART II   YES   121A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (c. g., in or of CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED OF INJURY   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I last	,	19a. DATE OF OPERATION   19B. CONDITION FOR WH	ICH OF	PERATION				AUTOPSY?
DEATH (NOTIFY MEDICAL EXAMINER)  21D TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY  22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I las	AL		Y U		PART I	OR PART II	YES	
OF INJURY  while at work  22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I las	EDIC	OR CONTRIBUTING   CAUSE OF   about home, farm, factory, st	JURY (	e. g., in or bldg., etc.) 21C. WH INJURY	OCCUR?	(If in Baltimore City	, give exa	ct location)
22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I las	2		CCURRI	ED 21F. HO	W DID IN	NJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 27, 1953 to August 24, 1953, that I las		WHILE ALL						
					53 to	August 24 195	3 that 1	last sam th
23A. SIGNATURE VII OFINILE 23B. ADDRESS 23C. DATE					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23c. E	DATE SIGNED
			M. D. T	ISPHS Hospi	tal Ba	ltimore 11.		g. 25,1953
24A. BURIAL, CREMA- 24B. DATE 249. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (Cig., town, or county)	24	A. BURIAL, CREVA- 24B. DATE 249. NAME OF C	EMEAR	RY OR CREMATOR	RY 249.	LOCATION (City, tow	n, or county	y) (State)
[ A	1	Sulad X/27/1000 M IIIU	MU	us cem	- 15/2	ably sido	1 111	8
DATE RECEIVED BY REGISTRAR'S SIGNATURE, 25. FUNERAL DIRECTOR, ADDRESS LOCAL REGISTRAR		TE RECEIVED BY REGISTRAR'S SIGNATURE	11 2	25. FUNERAL D	IRECTOR	1. 1	ADDRE	55 372/Y.

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## BALTIMORE CITY HEALTH DEPARTMENT

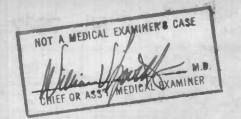
52	7020
Registered No	7626
Registered No	

BIRTH NO.	6	CERTIFICAT	E OF DEAT	H Registered 1	0
1. NAME OF E (Type or Print)	DECEASED Mildred	l White		2. DATE OF DEATH A DO	97.1053
3. PLACE OF E	City, MarylandBa	lto. City	A. STATE	DENCE (Where deceased lived, If	institution: residence before admission)
B. FULL NAME HOSPITAL OR INSTITUTION		al or institution, give street address or location)	c. CITY OR TOW		s, velt RURAL and give township!
NO 6	18 West Har	mburg Street	Baltimo		
		Yrs. Mos.	D. STREET ADDR	RESS (If rural, give location)	
c. Length of	stay in Baltimore	Life Mos.	618 Wes	t Hamburg Stree	t
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRT	H 9. AGE (In years I last birthday) Mo	Under 1 Year   It Under 24 Hours onths: Days   Hours: Min.
Female	Col.	Married	July-14-1	1907 46	
10A. USUAL OC	CCUPATION (Glvekind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF
Housewif	t of working life, even if retired)	Home	Baltimo	re	U.S.A.
13. FATHER'S		Home	14. MOTHER'S M		000000
Thon	nas Jacks	gan	Matild	la Turner	
15. WAS DECEAS	SED EVER IN U. S. ARMED	D FORCES?   16. SOCIAL	17. INFORMANT		DDRESS
No or unknown	(If yes, give war or date	se of service) SECURITY NO.		Shuter 616 W.Han	
18. 1/2		CALIFE	OF DEATH	Shutor ord	INTERVAL BETWEEN
RISE TO	ES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE  OC. (C)	eal dese	ensoffering colusion Cardis roscol inl	
I.I IO INE	II GNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO THE			
19A. DATE		9B. CONDITION FOR WHICH O VAS PERFORMED		IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER PART I OR PART II	N YES NO
OR CONTRI	DENT WAS UNDERLY! BUTING CAUSE OF	about home, farm, factory, street, office	(e. g., in or 21C. WHE abldg., etc.)	ERE DID (If in Baltimore City, OCCUR?	give exact location)
210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE	SAUDDO VAULUI DID V	•
deceased o	ulive of	tended the deceased from Lu	irred at 2019 n	1, to leg 23, 15	, that I last saw th he date stated above
23A, SIGN	TUR LLOTOS	by M.D. M.D.	00/N.	monruest	8/27/53
24A. BURIAL, TION, REMOVAL (	CREMA- 248, DATE (Specify)	24c, NAME OF CEMETE	ERY OR CREMATOR	Y 240. LOCATION (City, town	, or county) (State)
Burial	8/27/19		lat. Cem.	Baltimore Me	
DATE RECEIVE		'S SIGNATURE	25. FYNERAL DI	RECTOR	ADDRESS

THE POINT HOUSE LONG to mention ... old well of address of 。我们是在大块对于100万里。""我们是从在我们的现在分词,我们就是是一个人的人的。""是一个人的人的人,我们就是一个人的人的人,我们就是一个人的人的人,我们就

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Registered B. COUNTY before admission) (If outside corporate limits, write RURAL and give (ownship) AGE (In years | Worder | Year | Wader 24 Hours | last birthday) | Months | Days | Hours | Min. 9. AGE (In years) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? NO / 21C. WHERE DID (If in Baltimore City, give exact location) 19 Sthat I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county ADDRES



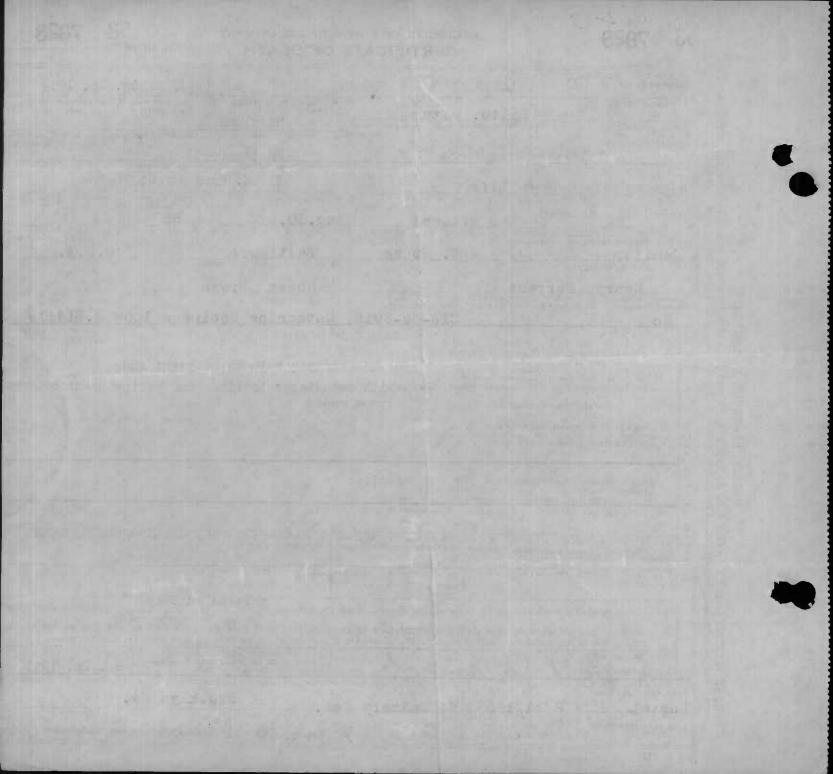
# BALTIMORE CITY HEALTH DEPARTMENT

ВІ	RTH NO.			CERTIF	TICATE	OF DEAT	Н	Registe	red No.	
(T	NAME OF DECEASE ype or Print)		OUIS		FORRE					6, 1953
A.	PLACE OF DEATH: Baltimore City, M	aryland Ba	lto.	City tion, give street	- dd ou	4. USUAL RESIDI	vland	ere deccased lin B. COUN		before admissi
HO	DSPITAL OR ISTITUTION				location)	C. CITY OR TOWN	(If o	utside corporat	glin its w	te LUKAL od s
_0	Balt	imore Ci	ty Mon	rgue			timore			
	Length of stay in l		Life		Yrs. Mos. Days		N. Ede	en Street		<b>F</b>
		or RACE	WIDOV	E. MARRIED, WED, DIVORCE .dowed	ED (Specify)	Aug. 30.97	4	9. AGE (In yes last birthda	ars If Under	n 1 Year   11 Under 24 H
	A. USUAL OCCUPATION of the done during most of working in			D OF BUSINE	SS OR NDUSTRY	11. BIRTHPLACE (S	State or for	eign country)	12.	CITIZEN OF
_	Janitor FATHER'S NAME	ing, over it resited)	Ar	A TT .		Baltimo	ore	ME	U.	S.A.
	Uenner	Manna a +			76 W	Pagar	Danama			
15	. WAS DECEASED EVER	POTTES T	FORCES?	16. SOCIAL		ROSEY 17. INFORMANT	Brown	1	ADDE	RESS St
(I on	NO (If yes	give war or dates	of service)		6915	Catherine	Robi	ingon 1		
	18. 162X					OF DEATH	2.00	Incon 1	000 2	INTERVAL BETWI
	(This does not me heart failure, asthe injury or complica-	NG TO DEAT an the mode o nia, etc. It mea	H f dying, e. ns the disea aused deat	g., (A) B ise, h.) Due to	with m	genic carcir etastases to nodes	liver	and per	cipanc	reatic
ATION	DISEASES OR CO	E CAUSE (A)	STATING T	NG						
ERTIFICA	OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE O	OEATH, BUT	NOT RELAT	EO	scites	(1)				
L	19A. DATE OF OPER	ATION 15	B. MAJOF	FINDINGS	OF OPER	ATION				YES NO
EDICA	21A. EXTERNAL CAL UNDERLYING   OF UTING   CAUSE	CONTRIB-		ACE OF INJU farm, factory, stree			R? (If	in Baltimore	City, give	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT   NOT WHILE   AT WORK   AT WORK									
	22. I certify that	22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from								
	the evidence of	btained by	said Aut	opsy, Inspec	tion or I	nquiry, find that ⊠, accident □,	said dec	, homicide	quiry on the a	lay stated about termined .
	234 SIGNATURA	Q. Qu	relie	ingy	k_M	238, CHIEF ME ASSISTANT MI D. MEDICAL INV	EDICAL EX	XAMINER	Aug.	26, 1953
24 TIC	AA. BURIAL, FREMA-	248. DATE		24C. NAME OF	FCEMETE	RY OR CREMATORY				county) (Stat
B	urial	8/31/1	953	Mt Cal	very (	em.		oklyn M		1
U	ATE RECEIVED BY	REGISTRAR'S	SIGNAT	URE		25. FUNERAL DIR	ECTOR		AL	DDRESS ,

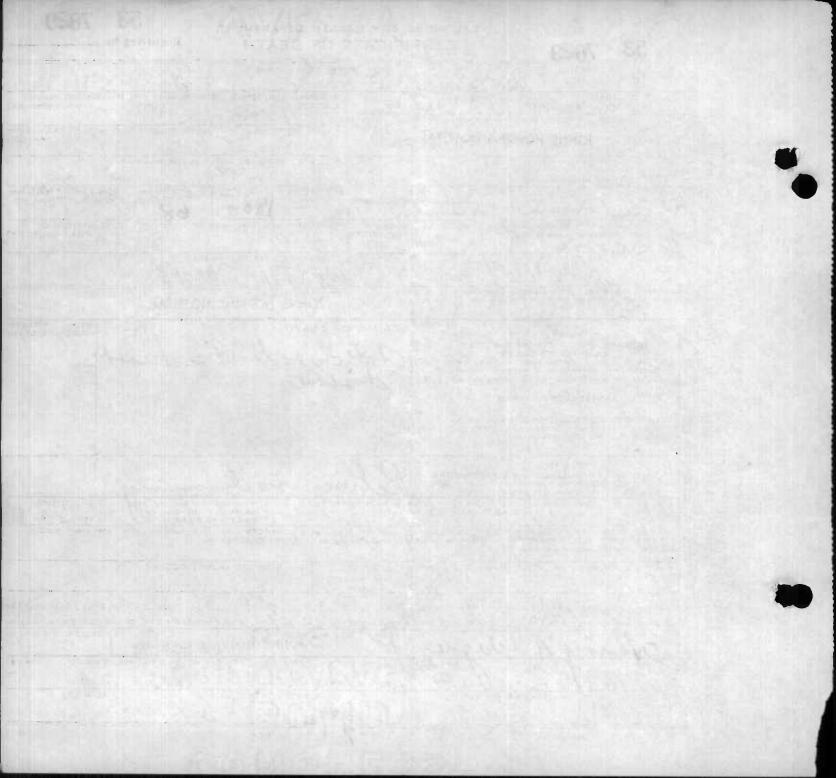
PLEASE WRITE PLAINLY, WITH UNFADING INK.

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MARGIN RESERVED FOR BINDING



В	W 44 +	EALTH DEPARTMENT E OF DEATH	53 7629 Registered No.				
3.	NAME OF DECEASED  ype or Print)  PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (	2. DATE OF DEATH 26,1953 Where deceased lived, If institution: residence B. COUNTY before admission				
B.	FULL NAME OF OSPITAL OR STITUTION OHNS HOPKINS HOSPITAL  ON STITUTION  ON HAT YIELD  OCATION   ond	f outside corporate limits, write RURAL and give township					
AND DESCRIPTIONS	Length of stay in Baltimore SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	D. STREET ADDRESS (III	rural, give location)				
10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or 1	9. AGE (In years last birthday) Months Days Hours Min.				
	INDUSTRY	14. MOTHER'S MAIDEN N	WHAT COUNTRY				
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT OHNS HOPKINS	HOSPITAL ADDRESS				
CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (B)  (B)  (C)	enosclerot sesse	ic heart				
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ic mali,	maney				
EDICAL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH O WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY Shout home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	CAUSE PART 1	TION WAS RELATED TO 20. AUTOPSY? OF DEATH. ENTER IN YES NO (If in Baltimore City, give exact location)				
M	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHI	LE	JURY OCCUR?				
	22. I hereby certify that I attended the deceased from						
9	ATE RECEIVED BY REGISTRAR'S SIGNATURE	JOHNS HOPKI	NS HOSPITAT OCATION (City, town, or county)  (State)  ADDRESS				
	VS 150 Junius 2007	dept of Noc	G. M /304 A. Central a				



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5.5
53 7
BIRTH NO.
1. NAME OF DECEA (Type or Print)
3. PLACE OF DEATH A. Baltimore City,
B. FULL NAME OF HOSPITAL OR INSTITUTION FR
c. Length of stay i
10A. USUAL OCCUP

h	53	7024
1	53 Registered	NUOT
1	negistered	140

	53 76	3.1			EALTH DEPARTME OF DEATH		7631	
1.	NAME OF DECEAS	ED M		H THOM			/ /	
<u> </u>	'ype or Print)					DEATH /	25/53	
Α.	Baltimore City, M	laryland		OSPITAL	A. STATE	NCE (Where deceased lived. B. COUNTY	before admission)	
H	OSPITAL OR	(If not in hospit	tal or instituti	on, give street address or location		(If outside corporate lin	nits, write RURAL and give	
11	ISTITUTION FRA	NKLIN	SQUARE	= HOSPITAL	BALTIM		township)	
c.	Length of stay in	Baltimore	L1+	Yrs. Mos. Days		SS (If rural, give location)  SYLVAN DR		
5.	SEX 6. COL	OR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify VGLE	8. DATE OF BIRTH	9. AGE (In years last birthday) 63	ff Under 1 Year H Under 24 Hours Min.	
1 C	A. USUAL OCCUPAT  done during most of working  TEACHE	life, even if retired)		of Business or INDUSTRY		LAND	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME				14. MOTHER'S MAI	DEN NAME		
_		W. Thomas			Mollie V.	McBride		
(Ye	MAS DECEASED EVER	IN U.S. ARME se, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	tta Holthaus - 3	ADDRESSOCHERIN	
-	18. 199 Q					tta Holtmans = )	INTERVAL BETWEEN	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.)  ANTECEDENT CAUSES							
L	19A. DATE OF OPE			FINDINGS OF OPE	RATION		20. AUTOPSY?	
EDICAL	21a. ACCIDENT, SL	UCIDE	2 te PLA	CE OF INJURY (c. g.,	in or   21c. WHERE DI	D. (If in Baltimore City	YES NO	
ED	HOMICIDE (Spec			arm, factory, street, office bldg.			, , , , , , , , , , , , , , , , , , , ,	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK							
	22. I hereby certs deceased alive on	ify that I at	tended the	and that death occu		from the causes and on	53, that I last saw the the date stated above	
	23A. SIGNATURE	aud	70m	- 1660 M. D.	FRANKLIN	SQUARE HOS	R 8 26 53	
2.	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial	8/28/5		Loudon Park		Balto., Mo		
	ATE RECEIVED BY OCAL REGISTRAR	REGISTRAR		RE	25 FUNERAL DIRE		ADDRESS	
A	VS 150	8		0.	5780	Balto	17, md.	

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9	. 5	20
0	53	7632

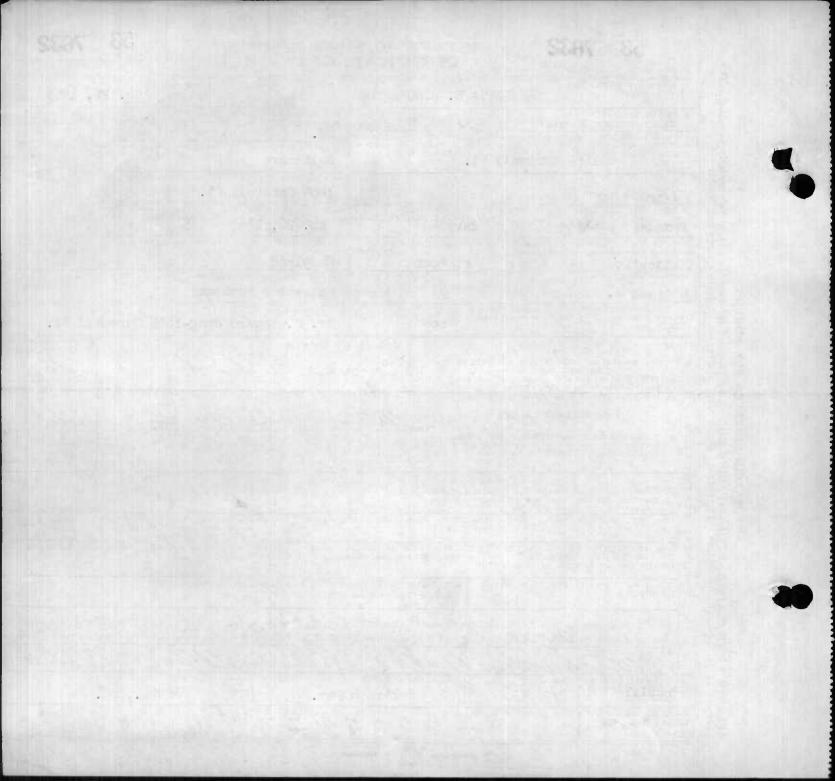
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7632 egistered No.

BIRT	TH NO.			CERTIFICATI	E OF I	DEATH	Register	ed No	
	AME OF D	eceased HENR	IETTA V	JUNG			2. DATE OF AU DEATH	ıg. 25,	1953
	LACE OF D	City, Maryland			A. STATE	L RESIDENCE (W	here deceased live B. COUNT	d. If institu	tion : residence before admission)
HOS	PITAL OR	of (If not in hospit		ion, give street address or location)		or town (If	outside comporate	lin ts, At	e RURAL and give township)
c. L	ength of s	tay in Baltimore		Yrs. Mos. Days	1405	carswell S		n)	
fer	male	6.COLOR OR RACE White	7. SINGLE WIDOW Mal	E, MARRIED. PED DIVORCED (Specify)		28, 1868	9. AGE (In year last birthday)	Months I	Year II Under 24 Hours Days Hours Min.
work do	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife at home  13. FATHER'S NAME				11. BIRTHPLACE (State or foreign country)  Maryland  14. MOTHER'S MAIDEN NAME				
		. Miller				erine Bushma			
15. V (Yes, n	WAS DECEASI	ED EVER IN U. S. ARMEI (If yes, give wer or date	FORCES? of service)	16. SOCIAL SECURITY NO. NO	17. INFO	RMANT C. Edward Ju	ung-1405 C	addre	
RTIFICATION	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or eomplication which eaused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)					heart for			s day
8_	DISEASE C	R CONDITION CAUSING	ir.						
	9a. DATE C		VAS PERFO			CAUSE O PART I O	TION WAS RELAT F DEATH, ENTE R PART II	ER IN Y	O. AUTOPSY?
0	R CONTRIB	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about	. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or hldg., etc.)	tc. WHERE DID ( NJURY OCCUR?	If in Baltimore	City, give e	exact location)
	10. TIME ( OF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE AT WORK AT WOR	LE	1F. HOW DID INJ	URY OCCUR?		(
0	22. I hereb deceased a	live on deuf de	ended the 2, 1953:	deceased from and that death occur	rred at 3	: 70/m.: from th		on the da	t I last saw the te stated above.
24A TION	BURIAL SUPIAL	EREMA- 24B. DATE Specify) 8/28/53		24c. NAME OF CEMETE Parkwood	Cem.		Balto	, Md.	
	E RECEIVE		S SLGNATI	JRE () ()	25. FUN	ERAL DIRECTOR	. 1	1 11	RESS

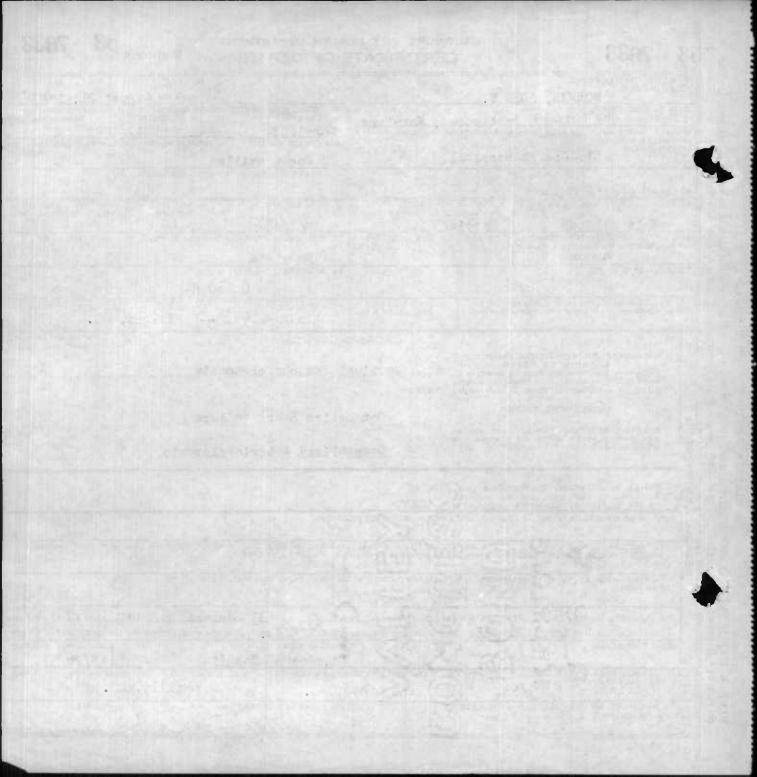
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(1	NAME OF D ype or Print)	MORRIS. JOB	N M		2. DATE OF	. 00 3053
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland B		4. USUAL RESIDENCE (Wh	cre deceased lived, If in	
B. Ho	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institution, give street address or location)		Baltime utside corporate limits,	
4	-	St. Joseph	Yrs. Mos,	D. STREET ADDRESS (If ru	ral, give location)	Kant
		tay in Baltimore	Days			2982
	Male Male	6.COLOR OR RACE Wh	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	9/9/1872	last birthday) Mon	Inder I Year If Under 24 Ho ths Days Hours Mi
work	done during most o	CUPATION (Give kind of f working life, even if retired) armer	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Maryland	eign country)	12. CITIZEN OF WHAT COUNTR
13	. FATHER'S N	IAME		14. MOTHER'S MAIDEN NAM	1E	
		Unkno	wn	Unknow	<i>y</i> n	
15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Leila Morris -	- Millers,	DRESS Md.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) Terminal Broncho-pneumonia  Congestive Heart Failure  DUE TO  (B)  CONGESTIVE HEART Failure  DUE TO  (C)  Generalized Arteriosclerosis					
TIFICATION	heart failu injury or DISEASES RISE TO TI UNDERLY	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, H HE ABOVE CAUSE (A) ING CONDITION LA	es the disease, aused death.) DUE TO  ES (B) Congression Congressi	estive Heart Failur	re	
CERTIFIC	heart failu injury or  DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING TO THE OI	re, asthenia, etc. It mea complication which complication which complication which complication which complication complin	rathe disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO  ST. (C) Gene:  TIONS CON- NOT RELATED CAUSING IT.	estive Heart Failur	re	
CERTIFIC	heart failu injury or  DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING TO THE OI	re, asthenia, etc. It mea complication which complication which complication which complication which complication complin	rathe disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO  ST. (C) Gene:	estive Heart Failur	re	
ERTIFIC	DISEASES RISE TO TI UNDERLY  OTHER S TRIBUTING TO THE OF	re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, III HE ABOVE CAUSE (A) ING CONDITION LA III IS ASSESSED OR CONDITION FOPERATION 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	rathe disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO  ST. (C) Gene:  TIONS CON- NOT RELATED CAUSING IT.	estive Heart Failuralized Arterioscle	re	20. AUTOPSY7 YES No [ ve exact location)

St. Joseph Hospital 24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Rayyille, Md. Pine Grove, Cem, DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Locardom . VS 150



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	-	7 6 3 6							
		PALTIMORE CITY	HEALTH DEPARTMENT	50	17004				
-	53	7024	TE OF DEATH	Registered No.	7634				
	1.	NAME OF DECEASEO		2. DATE 0 1 2 /	-1				
		Pe or Print) AUGUSTAK. SCHM		OF 8/Z6	153				
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	ere deceased lived. If insta B. COUNTY	itution : residence before admission)				
		FULL NAME OF (If not in hospital or institution, give street address SPITAL OR		utside corporate dimits, wi	site DEODAT and a since				
		NION MEMORIAL HOSPITAL	BALTIMOR	E-1	tolenship				
25	Uti	LIFE M		mal, give location) MEAT ST	_				
		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	B. DATE OF BIRTH	9. AGE (In years   If Under last birthday)   Months	r i Year   If Under 24 Hours				
3		T W W W	11/12/1886	67	ays mours and				
275		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OF dooe during most of working life, even if retired)		eign country)   12.	CITIZEN OF WHAT COUNTRY				
3	-	NONE	MARYLA	ND	US				
acii	13.	GEOBGE KOTHE	14. MOTHER'S MAIDEN NAM	HNEIDER	/				
מפ	15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL							
5	(Yes	oo or unknowo) (If yes, give war or dates of service) SECURITY NO	PATIENT	ADDF	KESS				
cnt		18. F Ø 1 1 CAUS	E OF DEATH		INTERVAL BETWEEN				
2		DISEASE OR CONDITION DIRECTLY	1.1.		ONSET AND DEATH				
3		(This does not mean the mode of dying, e.g., (A)	polite						
277		heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO		٨					
4		ANTECEDENT CAUSES	10-10-10 (1)	nadari	?				
000	Z	2 renner o arriver							
Ĭ,	Ĕ	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
CIT	RTIFICATION	(C)	***************************************	•••••••••••••••••••••••••••••••••••••••					
Total	보	OTHER SIGNIFICANT CONDITIONS SON		gratric					
C KIT	Ш	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	proumona	; Julcara					
4	U	19A, OATE OF OPERATION 19B, MAJOR FINOINGS OF O	PERATION		20. AUTOPSY?				
1110	AL				YES NO				
חחז זחת	EDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, etreet, office h		in Baltimore City, give	exact location)				
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	IRRED 21F. HOW OID INJURY	OCCUR?					
		m. WHILE AT NOT W							
hecre		22. I hereby certify that I attended the deceased from_	8/24 , 1953 to	5/26, $1953t$	hat I last saw th				
esp		deceased alive on 8/26, 1953, and that death of	ccurred at 10 A m., from th	e causes and on the c	late stated above				
TO		Newy 2. Danock Jr. M.D.	9 Non Memor	cal Hosp. 2	8/26/53				
age	24		ETERY OR GREMATORY 24D. LO	CATION (City, town, or	county) (State)				
	110	Purial 8/28/53 Holy Redeem		imore, Md.					
orrect		TE RECEIVEO BY REGISTRAR'S SIGNATURE	25, FUNERAL DIRECTOR		DDRESS				
2	1	TO TO SELLE STONE OF THE OWN	INO, W. Whears	mg Don 805 11.	Calvertex				

MARGIN RESERVED FOR BINDING

14	-5	7	0
3 BIRTH	7635	-	

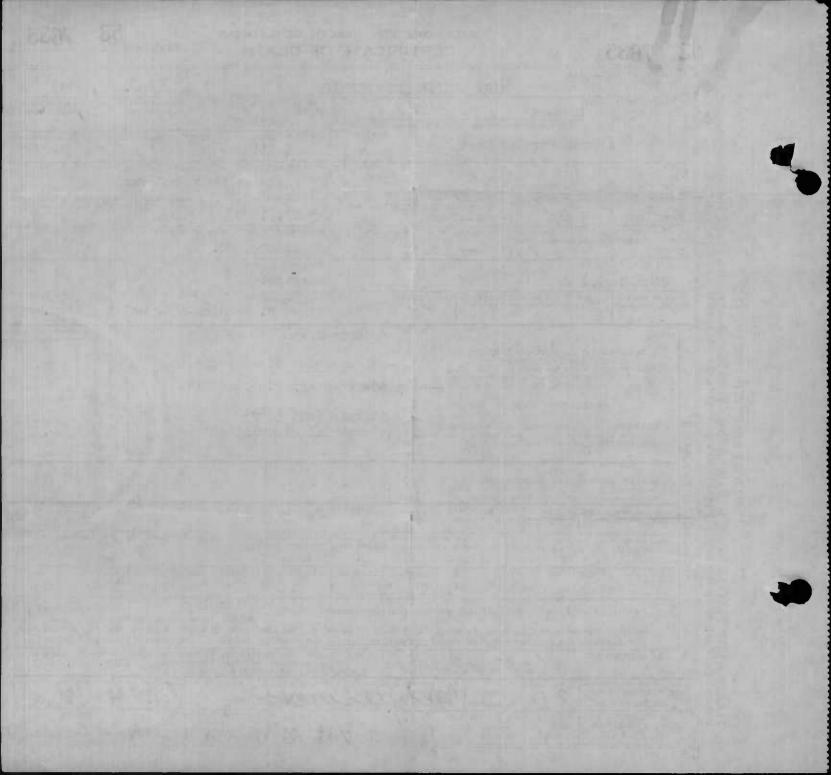
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53	7635
egistered No	

S	RTH NOO	)		CERTIFICATI	E OF DEATH	registered 14	0.		
(T)	NAME OF E		MARY 1	ELIZABETH HEM	MICK	2. DATE OF DEATH Aug. 2	26, 1953		
Α.	Baltimore (	City, Maryland	al or institut	tion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland				
H	SPITAL OR STITUTION	Haven Nursin		location)	c. CITY OR TOWN (III Baltimore	outside corporate limite	, write RUR U and give township)		
C.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 4632 Walth	rural, give location) ner Boulevard			
	sex emale	6.COLOR OR RACE	WIDOW	E. MARRIED, VED, DIVORCED (Specify) OWED	B. DATE OF BIRTH May 18, 1873	9. AGE (In years   Mon	Under I Year If Under 24 Hours that Days Hours Min.		
worl	A. USUAL OC done during most ONE	CCUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?		
13	John He				14. MOTHER'S MAIDEN N. Margaret	AME			
15 (Ye	. WAS DECEAS	ED EVER IN U, S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Lloyd H. Hemmi	ck-4632 Walth	DORESS ner Blvd.		
	18. 42			CAUSE	OF DEATH		INTERVAL BETWEEN		
	(This doe heart fails	SE OR CONDITION LEADING TO DEA s not mean the mode oure, asthenia, etc. It mea complication which	TH of dying, e. ( ins the diseas	se,	ascular disease d	***************************************	5 yrs.		
_	ANTECEDENT CAUSES				ne foot (dry)				
FICATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STATUNDERLYING CONDITION LAST.		STATING TH	HE DUE TO NO art	erial circulation	1	5 mo.		
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
Ü	19A. DATE C	OF OPERATION 1	98, MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?		
EDICA	UNDERLYIN	NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH.	218. PLA about home, f	ACE OF INJURY (e. g., infarm, factory, street, office bldg., e	in or   21c. WHERE DID (If in Baltimore City, give exact location)				
Σ	21D, TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK					
	the ev	idence obtained by	said Auto		Autopsy, Inspection or Inquiry  Inquiry, find that said deceased died on the day stated aboves P4, accident , suicide , homicide , undetermined .				
	23a, SIGNA	05/10	Frob		238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	OR U			
1	REMOVAL (S	0 281	13	24C. NAME OF CEMETE	West 240. L	CATION City, OWN	Md		
	TE RECEIVE		SIGNATU	JRE	25. FUNERAL DIRECTOR	- N. C	ADDRESS & C.		

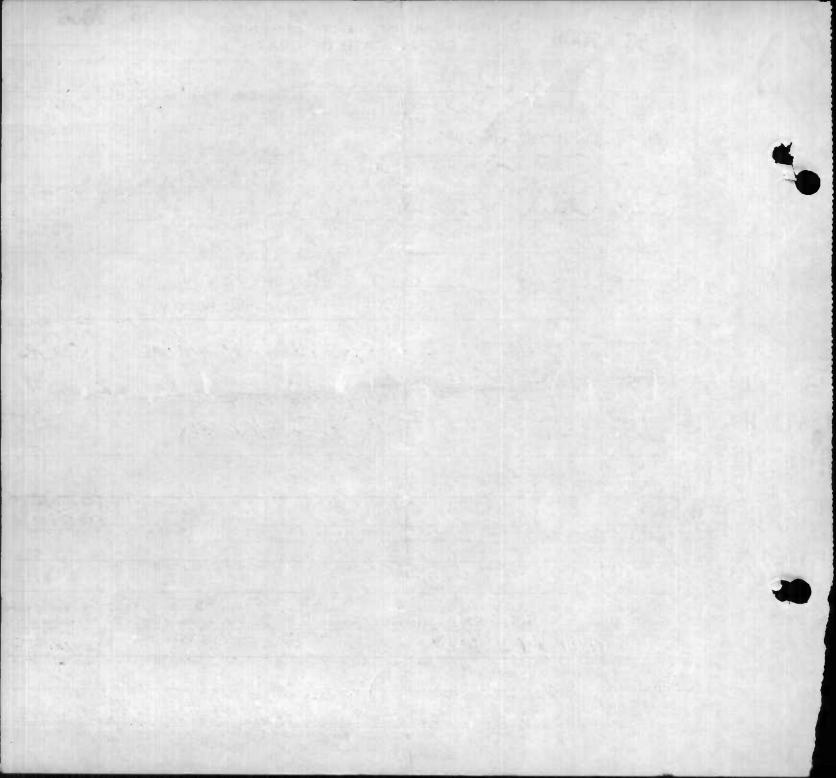
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		M-4	15	2		AL TIMO	RE CITY HI	EALTH I	DEBAB	TMENT	53	7	636
The	В	53 IRTH NO.	76	36			TIFICAT				Registere	d No	
		NAME OF D Type or Print)	ECEASE	D	Be	altr	- Wil	liam	A		2. DATE OF DEATH OW	43	16.1953
carefully supplied.	A.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or						A. STAT		DEN E (H	here deceased lived B. COUNTY		tution : residence before admission)
	HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL								Brow	"intel	outside corporate li	matte, wr	ite RURAL and give township)
	c. Length of stay in Baltimore Luke Days							o. STRE	ET ADDE	I R	rural, give location	Ch	۷.
ild be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)						8. DATE	of BIRT	1913	9. AGE (ln years last birthday)		Vest Hours Min.	
n should clearly an		10A. USUAL OCCUPATION (Givekind of work donaduring most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY							HPLACE	(State or fo	preign country)		CITIZEN OF WHAT COUNTRY?
IDING information of death cle	13. FATHER'S NAME							14. MOTHER'S MAIDEN NAME					
SINDIN of infor	15. WAS DECEASED EVER IN U. S. APMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.							17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL					
RESERVED FOR 13 INK. Every item please write the cau	FICATION	(This doce heart failt injury or DISEASE RISE TO 1	SE OR LEADI S not me are, asthe complic ANTEC S OR CO	NG TO DE an the mod nia, etc. It n ation which EDENT CA	e of dying, neans the dis- caused de USES i, IF ANY, GI A) STATING	e. g., ease, ath.) OU	CAUSE  (A) OS  (B) Sylvino  (C) CAUSE  (A) CAUSE  (B) CAUSE  (C) C	ebro esten tere	al ascon	Hem v x- leko	mhage - ses		INTERVAL BETWEEN ONSET AND DEATH STORM
MA NF hys	AL CERTIF	TO THE	DEATH		NS CONTRI RELATEO ING IT.								4447542004220000000000000000000000000000
WITH U		19A. DATE C		2	WAS PER	FORMED	OR WHICH O			PART I	TION WAS RELATE F DEATH, ENTER OR PART II	RIN	20. AUTOPSY?
0	EDIC	OR CONTRIL	BUTING	CAUSE	OF abo		E OF INJURY ( a, factory, street, office				(If in Baltimore C	ity, give	exact location)
LAINLY ially imp	2	210. TIME OF INJURY	(Month)	(Day) (Ye	n. (Hour)	WHILE		LE	21F. HOV	/ DID INJ	URY OCCUR?		
60 50		22. I herel	live on.	fy that I	attended t	he deceas	sed from at death occur		1.30 B	i., from t	he causes and o	n the d	at I last saw the ate stated above.
WR.	2	4A. BURIAL.	CREMAI	URINC 24B. DATI	e 5 Cl	1245. NA	M. D.				OCATION (City, to	2	6 H21 3
PLEASE WRITE correct age is esp	T	ATE RECEIVE	D BY	aug 2	9/5-3	mi	t. Caln	m. C	ieral pi	to a	a. Cou	ntis	DRESS



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

before admission)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

12. CITIZEN OF

U.S.

ADDRESS

Registered No. 1. NAME OF DECEASED (Type or Print) 2. DATE ROBERT William BEACH. III August 27. DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE Maryland Carroll (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION carefully legibly. University Hospital Westminster Yrs. D. STREET ADDRESS (If rural, give location) Mos. R. F. D. c. Length of stay in Baltimore about 12 hrs Days 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: Min. should be early and l WIDOWED, DIVORCED (Specify) Jan. 6, 1929 White Male single 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired. INDUSTRY student medicine Baltimore, Md. information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert W. Beach, Jr. Frances Taylor Marchant BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (If yes, give war or dates of service) SECURITY NO. Robert W. Beach, Jr. -- Westminster, Md. tery item of ite the causes CAUSE OF DEATH FOR SE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., Gunshot wound of head heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO Eve ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING ō RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p MARGIN U OTHER SIGNIFICANT CONDITIONS CON-

20. AUTOPSY YES X

thereon and from

19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH.

OF INJURY

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Burial

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

> 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

> > Home

198. MAJOR FINDINGS OF OPERATION

INJURY OCCUR?

21c. WHERE DID (If in Baltimore City, give exact location)

#5, Westminster, Maryland 21F. HOW DID INJURY OCCUR?

ASSISTANT MEDICAL EXAMINER

Shot self in head

6:00 P.m. Autopsy 22. I certify that I took charge of the remains described above, held an

21E. INJURY OCCURRED

Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from; natural causes  $\square$ , accident  $\square$ , suicide  $\square$ , homicide  $\square$ , undetermined  $\square$ . 23B. CHIEF MEDICAL EXAMINER .... 23c. DATE SIGNED

23A. SIGNATURE

21D. TIME (Month) (Day) (Year) (Hour)

Druid Ridge

Aug. 27. MEDICAL INVESTIGATOR 24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

Pikesville,

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

248 DATE

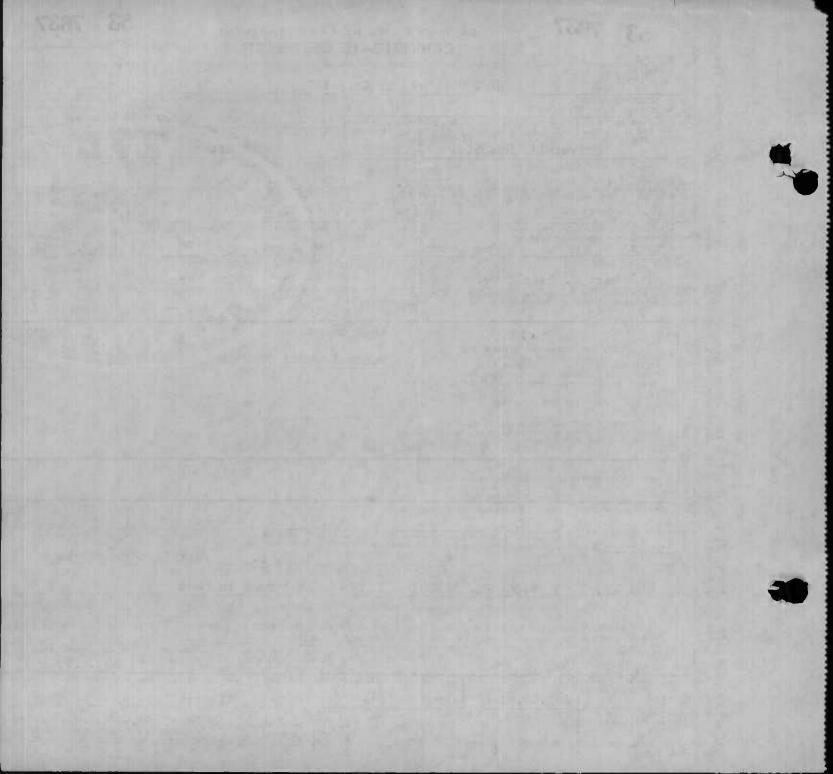
Aug. 29, 1953

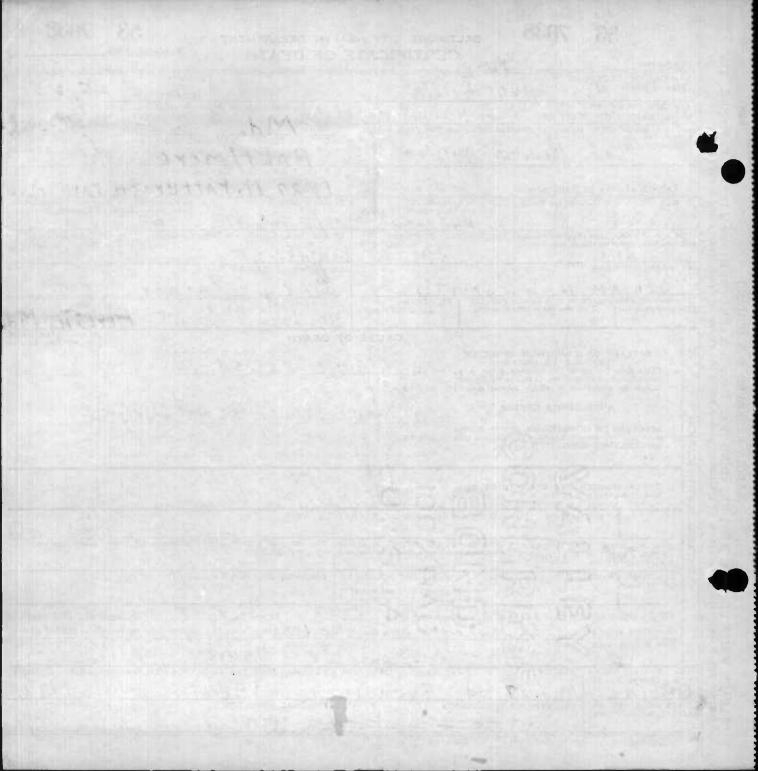
ADDRESS John O., itchell Sons, Inc. -1900 Eutew Place

WITH important. PLAIN ecially espi RITE is esp > ge PLEASE

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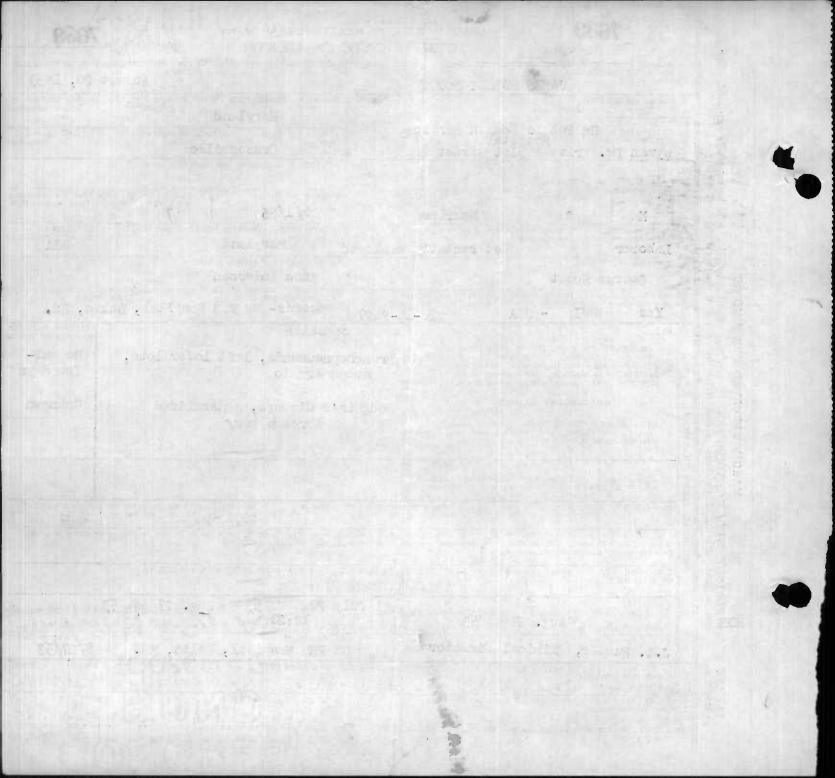


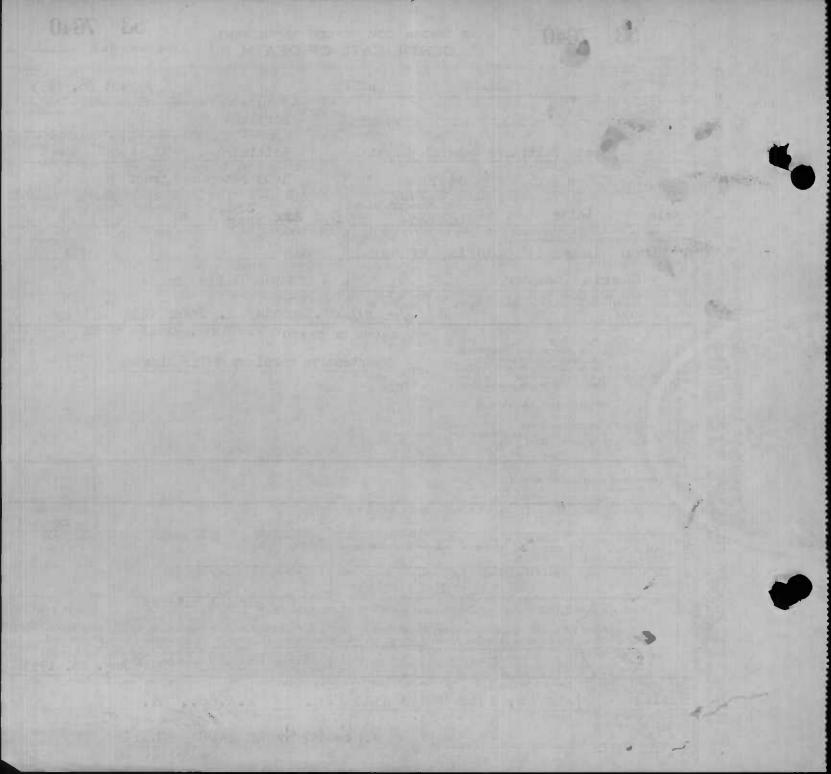


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JU	1000

### BALTIMORE CITY HEALTH DEPARTMENT

The	ВІ	CERTIFICATE	E OF DEATH Registered No. 1000							
		NAME OF DECEASED  Sype or Print)  JAMES ROBERT SCOTT	2. DATE OF August 20, 1953							
enddn	A.	PLACE OF DEATH: Baltimore City, Maryland  ELLI L NAME OF (If not in hospital or institution give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY before admission)							
IIy s	HO	FULL NAME OF US (If not in hospital or institution, give street address or OSPITAL OR HOSPITAL HOSPITAL HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)							
ly.	_	Wyman Pk. prive & 31st Street Yrs.	Grasonville  D. STREET ADDRESS (If rural, give location)							
legib		Length of stay in Baltimore ? Mos. Days	67							
and	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  M C Married	B. DATE OF BIRTH  9. AGE (In years of Under 1 Year Months Days Hours Min.							
or information should be carefully supplied, uses of death clearly and legibly.	10A. USUAL OCCUPATION (Givekind of working life, even if retired)  Not recently employed  Maryland  12. CITIZEN OF WHAT COUNTY									
death	13	George Scott	14. MOTHER'S MAIDEN NAME Ama Anderson							
o jo se	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.  18. No or unknown)  19. WWI - USA  20-16-9129	Records- US PHS Hospital, Balto, Md.							
INK. Every item lease write the cau	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH hopneumonia, left lower lobe, condary to  in's disease, generalized through body  Interval Between onset and DEATH Recent- few days  Unknown							
UNFADING Physicians: p	CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF	PERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?							
H	CAL	WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING□   21B. PLACE OF INJURY (	CAUSE OF DEATH. ENTER IN YES NO (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)							
Y, W	1EDIC	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  about home, farm, factory, street, office bldg., etc.)  INJURY OCCUR?								
AINL lly im	2	OF INJURY   ILE[7]								
especially important.		22. I hereby certify that I affended the deceased from July 20 19 53 to Aug. 27, 19 53 that I last saw the								
WRI e is			US PHS Hospital, Balto, Md. 8/27/53							
PLEASE correct ag	11	4A. BURIAL CREMA 24B. DATE 24C. NAME OF CEMETE AN, REMOVAL (Species) and 23-53 Grason	ery or crematory 240. Location (City, town, or county) (State)							
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	Sown a, Henry Camb,							
	to	Vs 150	199 10 1 1 mb							





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 26 AUq. ARGARET CLL 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: B. COUNTY before admission) A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR HOSPITAL location) (If outside corporate limits, write RURAL and give INSTITUTION MERCY township) Yrs. D. STREET ADDRESS (If rural, give location, Mos. ELSINOR 2005 c. Length of stay in Baltimore Davs 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED (Specify) WHITE TEMALE 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Vew YORM information s of death cle HOUSEWIFE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME I HOMAS TRANCIS TALL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) 2005 Elsinor Ave. Every item of i Eugene B. Dell CAUSE OF DEATH 18. 550,0 and ONSET AND DEATH 216% DISEASE OR CONDITION DIRECTLY iRCULATORY CONLASTE LEADING TO DEATH (This does not mean the mode of dying, e.g., (POST - OPERATIOE) heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES 1 MPALANCE RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING 8/20/53 DUE TO APPREND CCTOMY RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20, AUTOPSY 19A. DATE OF OPERATION 1953 PRENDICITIS 401, mportant. HOUTE 21c. WHERE DID (If in Baltimore City give exact location) 21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERā about home, farm, fectory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from \$ 117 19. that I last saw the deceased alive on 26 Aug. 19 53, and that death occurred at Am. from the causes and on the date stated above. 23C ONTE SIGNED 235 ADDRESS 23A. SIGNATURE 245. LOCATION (City, town, or county) TION, EMOVAL (Specify) Z4c. NAME OF CEMETERY OR CREMATORY 248, DATE Balto. Md. 29/53 New Cathedral Buria] 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE G. Howard Strong 3207 W. North Ave. VS 150

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) Aug. 20, 1953 LOUIS GRALAK supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR US Public Health, Service (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully Raltimore Wyman Pk. Drive & 31st Street o. STREET ADDRESS (If rural, give location) Yrs. 12 yrs. Mos 2215 Eutaw Place c. Length of stay in Baltimore Days on should be 8. DATE OF BIRTH It linder I Year If Under 24 Hours 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years last birthday) Months! Days Hours! Min. WIDOWED, DIVORCED (Specify) Widower 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of USA COUNTRY work done during most of working life, even if retired) INDUSTRY Poland information s Flectrician geafarer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Juliar Kluczerska Thomas Gralak 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURIT US PHS Hospital, Balto, Md. records 212-20-3895 causes of INTERVAL BETWEEN CAUSE OF DEATH item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Terminal bronchopneumonia Few days Every (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Carcinoma of thyroid metastatic to INK. 13 yrs ERTIFICATION lungs, esophagus, trachea, adrenals, DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE liver, regional lymph nodes UNFADING Physicians: p UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH. WAS PERFORMED ENTER IN YES K WITH CAL PART I OR PART II important. 21c. WHERE DID (If in Baitimore City, give exact location) 21B. PLACE OF INJURY (e. g., io or 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) AINLY 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! especially AT WORK WORK May 13 53that I last saw the 22. I hereby certify that I attended the deceased from. and that death occurred at 7:20P m., from the causes and on the date stated above. RGB WRITE Aug. 20 deceased alive on 8/27/53 238. ADDRESS 23A. SIGNATURE 13 US PHS Hospital, Balto, Md. J.A. Funter/Clinical Director 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) 24A. BURIAL. CRE A-TION, REMOVAL (Specify) 24B, DATE SE

RGB

Sacred Heart Vemetery Raltimore Md.

B.Dabrowski 2818 E. Baltimore St.

VS 150

Burial

DATE RECEIVED BY

8-28-53

REGISTRAR'S SIGNATURE

5,750

Ve Prolice Hangle commen TOWNS THE STREET STREET 4 Const. To see Man Aced, solve, let a recorde longs, set to the action of the control The state of the s THE STREET STREET, STR

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MARGIN RESERVED FOR BINDING	INLY, WITH UNFADING INK. Every item of information should be carefully supplied.	Physicians:
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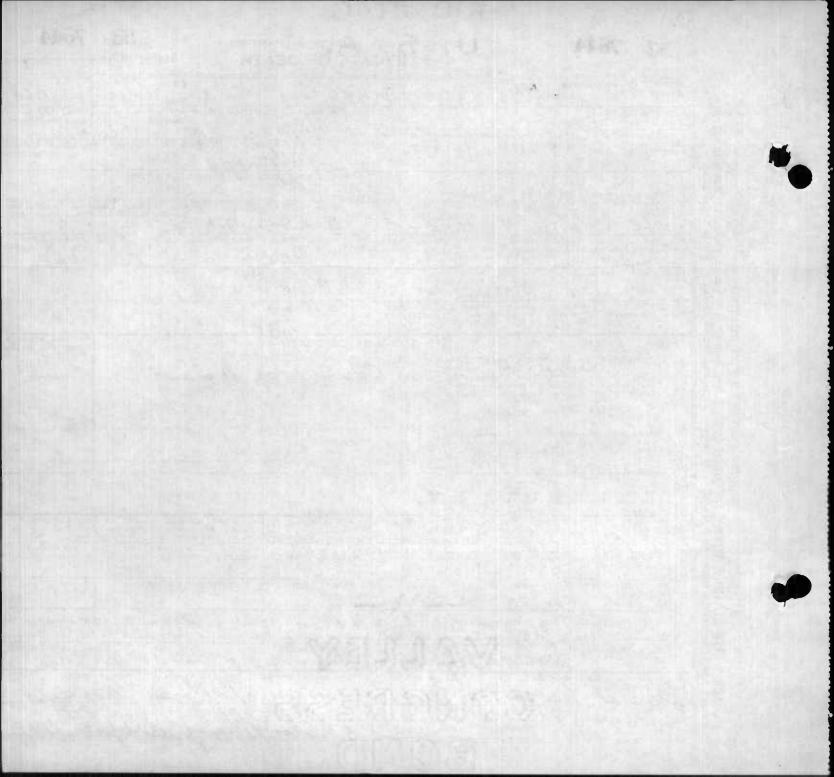
BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

В	53 7E	343		CERTIFICATI	E OF DEA	TH I	Registered No.		
1. (T	NAME OF D	ECEASED	John	W. Adams, Jr.		2. DA O DE/		7-1953	
Α.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland (If sutside conserts living units BUDA)				
H	FULL NAME OSPITAL OR ISTITUTION	Baltimore 0 4940 Easter	ity Ho		C. CITY OR TO	NN (If outside of	26-4	vrite RURAL and give township)	
3			Life	Yrs. Mos.		RESS (lf rural, gi			
1	Length of s	stay in Baltimore		Days E. MARRIED.	8. DATE OF BIF	ghland Ave.		ler 1 Year   If Under 24 Hours	
	М	W		VED, DIVORCED (Specify)  owed	Feb. 16-		birthday)   Month	ns Days Hours Min.	
	k doneduring most	CCUPATION (Give kind of of working life, even if retired) PERISTOR		D OF BUSINESS OR INDUSTRY		E (State or foreign co	untry)   12	WHAT COUNTRY?	
13	FATHER'S	NAME			14. MOTHER'S				
		John W. A				A. KRA			
(Ye	s, no or unknown)	ED EVER IN U. S. ARMEI	of service)	16. SOCIAL SECURITY NO.		4940 Easter			
-	18. 500	700		CAUSE	OF DEATH	altimore Cit	y Hospita	INTERVAL BETWEEN	
	221	SE OR CONDITION	DIRECTLY		OF DEATH			ONSET AND DEATH	
	(This does heart failt injury or	•••••••••••••••••••••••••••••••••••••••	8-9yrs						
		ANTECEDENT CAUS	SES						
FICATION	RISE TO T	S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	STATING T						
ERTI	TO THE	II  SNIFICANT CONDITIONS  DEATH BUT NOT I	RELATED T						
AL C	The state of the s	F OPERATION 1		ITION FOR WHICH OF	PERATION	IF OPERATION WA CAUSE OF DEAT PART I OR PART	TH. ENTER IN	20. AUTOPSY?	
EDIC	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about	B. PLACE OF INJURY ( home, farm, factory, street, office		HERE DID (If in B	altimore City, gi	ve exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK								
	22. I hereb	by eertify that I at	tended the	e deceased from 8-i	24- , 19 red at 12.1			that I last saw the date stated above.	
	23A. SIGNA	MA	- L-	M. D. 4	38. ADDRESS 940 Easterr	Ave.,Balti	more, Md.	23c. DATE SIGNED 8-27-1953	
Z TI	AA. BURIAL, ON. REMOVAL (	CREMA- 24B. EATE Specify)	-	24c. NAME OF CEMETE	RY OR CREMATO	RY 24D. LOCATIO	ON (City, town, or	county) (State)	
DL	ATE RECEIVE OCAL REGIST		S SIGNAT	URE .	25. FUNERAL D	DIRECTOR	3	DDRESS	
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, .	VS 150		0		tion a		djurda	er, ma.	

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		53 7644 BALTIMORE CITY HE		53 7644	
The	8!	CERTIFICATE	E OF DEATH	Registered No.	
lly supplied.	1. (T:	NAME OF DECEASED WILLIAM MAT	NER	2. DATE OF August 26, 1953	
	Α.	Baltimore City, Maryland	A. STATE	here deceased lived If institution; residence B. COUNTY before admission)	
	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR UNIVERSITY HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
		Length of stay in Baltimore 20 Mos. Days	D. STREET ADDRESS (if ru	ural, give location)	
	1	NALE WHITE SINGLE MARRIED. (Specify)	Dacember 22, 1877	9. AGE (In years   If Under   Year   If Under 24 Hours   Months Days   Hours Min.	
0	10. work	DA. USUAL OCCUPATION (Givekind of LOB. KIND OF BUSINESS OR K done during most of working life, even if retired)	11. BIRTHPLACE (State or fore	reign country) 12. CITIZEN OF WHAT COUNTRY?	
tion h cl	13	LABORER B. FATHER'S NAME	GERMANY  14. MOTHER'S MAIDEN NAM	ν. <i>Σ. Α.</i>	
VDING information of death cl		WILLIAM MATNER	ROSIE BROENER		
BINDING of inform uses of dea	15 (Yes	5. WAS DECEASED EVER IN U.S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT	ADDRESS	
	-	18. / CAUSE CAUSE	OF DEATH	INTERVAL BETWEEN	
FOR item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	)	ONSET AND DEATH	
E PE		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	many occlus	15 00000	
RESERVED INK. Ever please write		ANTECEDENT CAUSES .			
RESEI INK.	O.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
N N N	CAT	UNDERLYING CONDITION LAST. (C)			
MARGIN NFADIN nysicians:	E	II			
MARGIN I UNFADING Physicians: 1	CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
н.	AL	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS BERFORMED	CAUSE OF PART I OR	ON WAS RELATED TO 20, AUTOPSY? TO DEATH, ENTER IN YES NO	
. 6	1EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN URY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or bldg., etc.)	If in Baltimore City, give exact location)	
	4	OF INJURY  OF INJURY  (Month) (Day) (Year) (Hour)  OF INJURY  MHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT WORK	LECT	JRY OCCUR?	
		22. I hereby certify that I attended the deceased from & deceased alive on 8/26, 1953, and that death occur	/6 , 1953, to	8/26, 1953 that I last saw the	
RITE is esp			23B. ADDRESS	9 04 1 24   23c. DATE SIGNED	

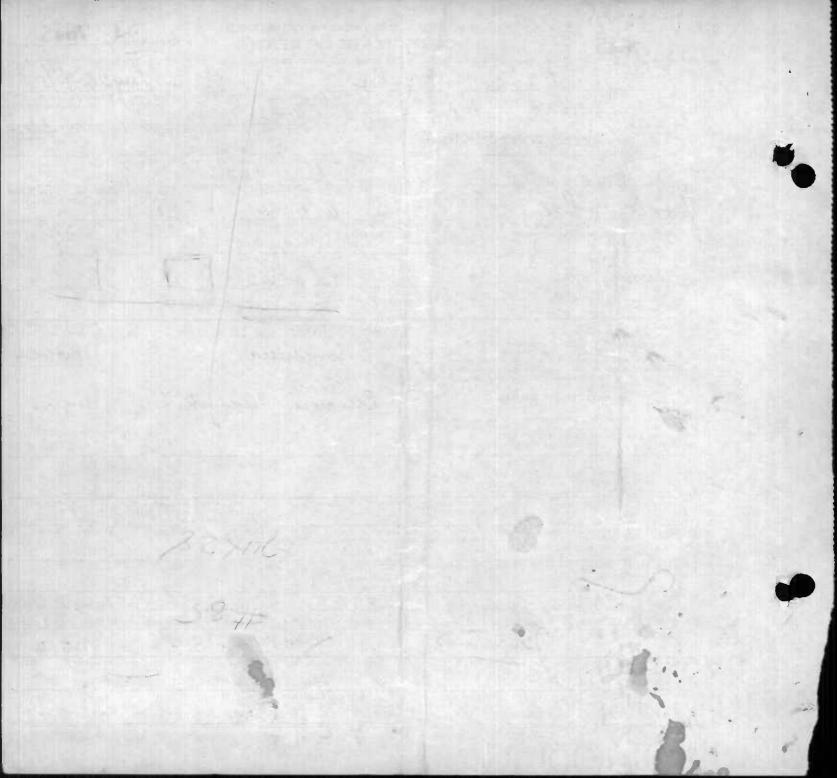
e stated above. 245 NAME OF CEMETERY OR CREMATORY BURIAL, CREMA- 24B. DATE REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR 25. FUNERAL DIRECTOR VS 150



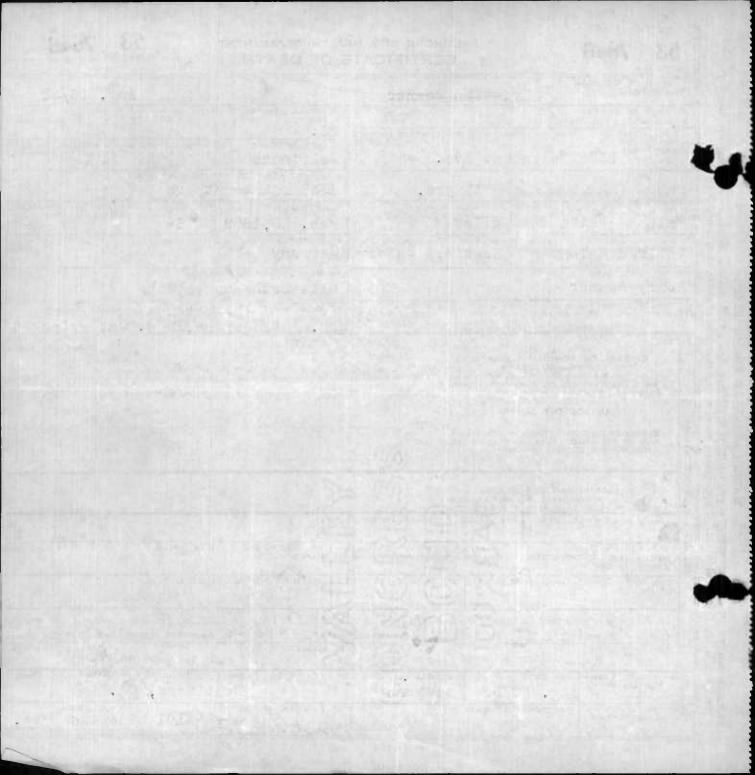
1400	ALTIMORE CITY HE	ALTH DEPART	MENT 5	3 170 5 170
5BTH NZ 645	CERTIFICATE	" /		No 1045
1. NAME OF DECEASED	1		2. DATE	10
(Type or Print) / ancy	Taylor		OF DEATH (LU	926-1753
a. Baltimore City, Maryland	LL3"/	A. STATE	ENCE (Where deceased lived, B. COUNTY	
HOSPITAL OR	tution, give street address or location)	c. CITY OR TOWN	(If outside corporate lip	aits, write RURAL and give
INSTITUTION JOHNS HOPKINS H	OSPITAL	1	evern.	township)
23	Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	
5/SEX [6.COLOR OR RACE] 7. SO	Days Days	8. DATE OF BIRT	H 9. AGE (In years)	If Under 1 Year   H Bodge 24 Hours
lemale white wind	OWED, DIVORCED (Specify)	6-11-4	last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	MARYLA		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MA	$\sim$	
JAMES JOHN TAYLOR	1 16. SOCIAL	17. INFORMANT	_ DOVE	4555566
(Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	JOHNS HO	PKINS HOSPITAL	ADDRESS
18. 592X	CAUSE C	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL LEADING TO DEATH		Uraenu		A.O. G. Male
(This does not mean the mode of dying,	e. g., (A)	WYNEW		The same
heart failure, asthenia, etc. It means the disc	ease,			
heart failure, asthenia, etc. It means the disc injury or complication which caused des	ease, ath.) DUE TO	•		
heart failure, asthenia, etc. It means the disc injury or complication which caused des ANTECEDENT CAUSES	ease, ath.) DUE TO	ranci V	replutis.	4yeus.
heart failure, asthenia, etc. It means the disciniury or complication which caused des ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVE TO THE ABOVE CAUSE (A) STATING	ease, ath.) DUE TO CLU	ranci V	replutió.	4yeus.
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heart failure, asthenia, etc. It means the disciniury or complication which caused des ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVEN CONDITIONS OF ANY, GIVEN CONDITION LAST.  UNDERLYING CONDITION CAUSING IT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	Pase, ath.) DUE TO  (B)	rauci 1	repluités.	4yess.
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heart failure, asthenia, etc. It means the disinjury or complication which caused desinjury or complications. If any, given the property of	BUTING THE DUE TO  (C)  BUTING TO THE  DITION FOR WHICH OP FORMED  19. PLACE OF INJURY (a but home, farm, factory, street, office b  21E. INJURY OCCURRE WHILE AT NOT WHILL WORK  AT WORK  A deceased from  and that death occur  22  24C. NAME OF CEMETER  BALDWIN	ERATION  S. F., in or 21c. WHE INJURY OF 21f. HOW Pred at 12 m 3B. ADDRESS HO	IF OPERATION WAS RELATED CAUSE OF DEATH, ENTER PART I OR PART II RE DID (If in Baltimore Cit CCUR?  DID INJURY OCCUR?  2 to 8 - 26 , 19. , from the causes and on OPKINS HOSPITAL  24D. LOCATION (City, tow	y, give exact location)  that I last saw the the date stated above.  23c, DAYE SIGNED  7n, or county) (State)

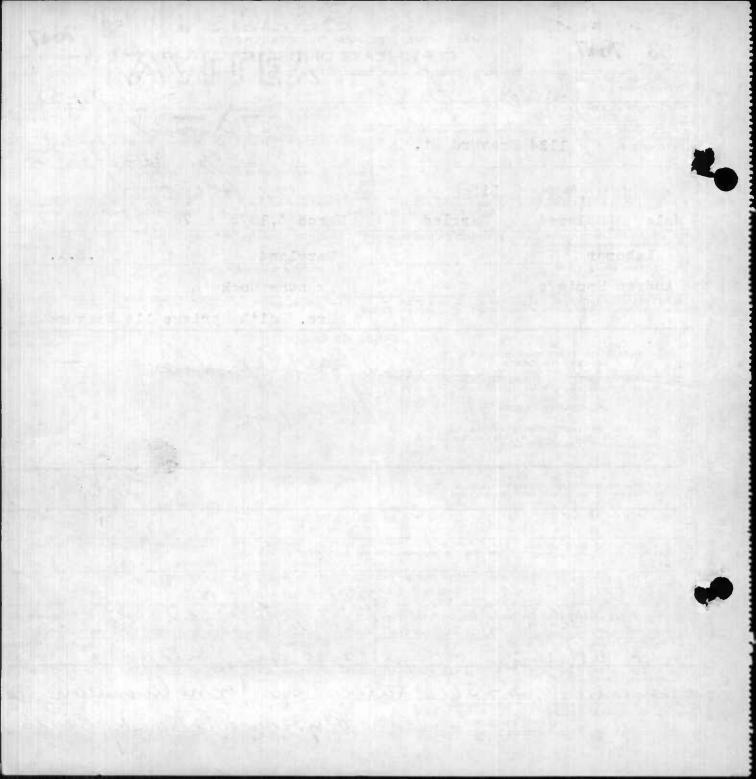
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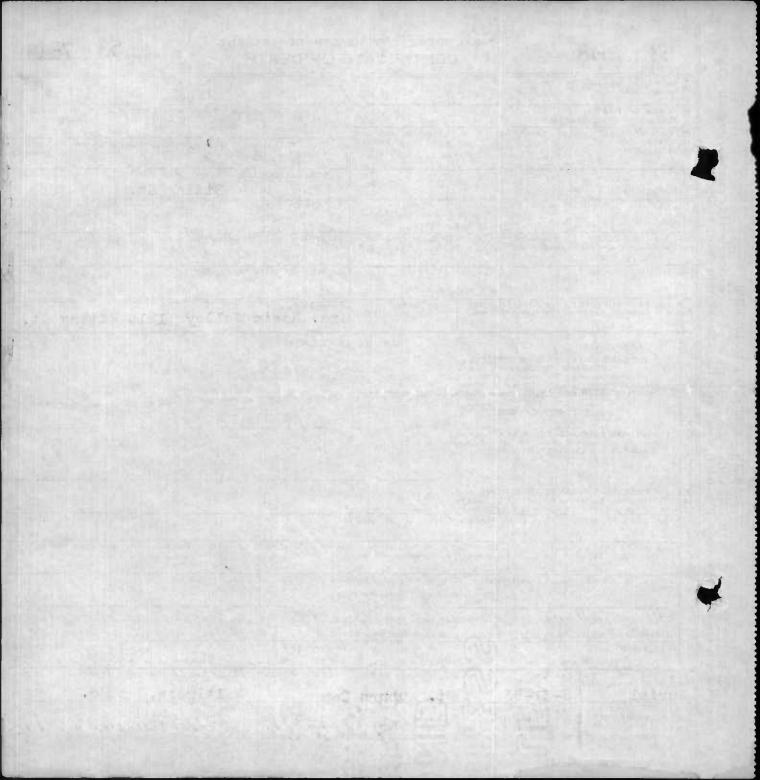
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Christian Benner OF supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2539 Fairmount Ave. Baltimore Yrs. D. STREET, ADDRESS (If rural, give location) Mos. 63 yrs. 2539 Fairmount Ave c. Length of stay in Baltimore Days AGE (In years of Under 1 Year of Under 24 Hours Ann. Days Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) Male White Feb. 25,1889 10A. USUAL OCCUPATION (GivekIndof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work down during most of gorking life even if retired) Koesters Bakery WHAT COUNTRY? Germany information 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Henry Benner Elizabeth Auchenbach 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Daughter) 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. causes Bertha. 23 N. Catherine St INTERVAL BETWEEN 201X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 3 TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. CA 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? NOT WHILE [ AT WORK especia 22. I hereby certify that I attended the deceased from. 19 . that I last saw the WRITE deceased alive on lung m. from the causes and on the date stated above. 19 and that death occurred at 23A. SIGNATURE 23c. DATE SIGNED age 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY HON, REMOVAL (Specify) Baltimore. correct Western DATE RECEIVED BY 26. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 4101 Edmondson Ave. VS 150





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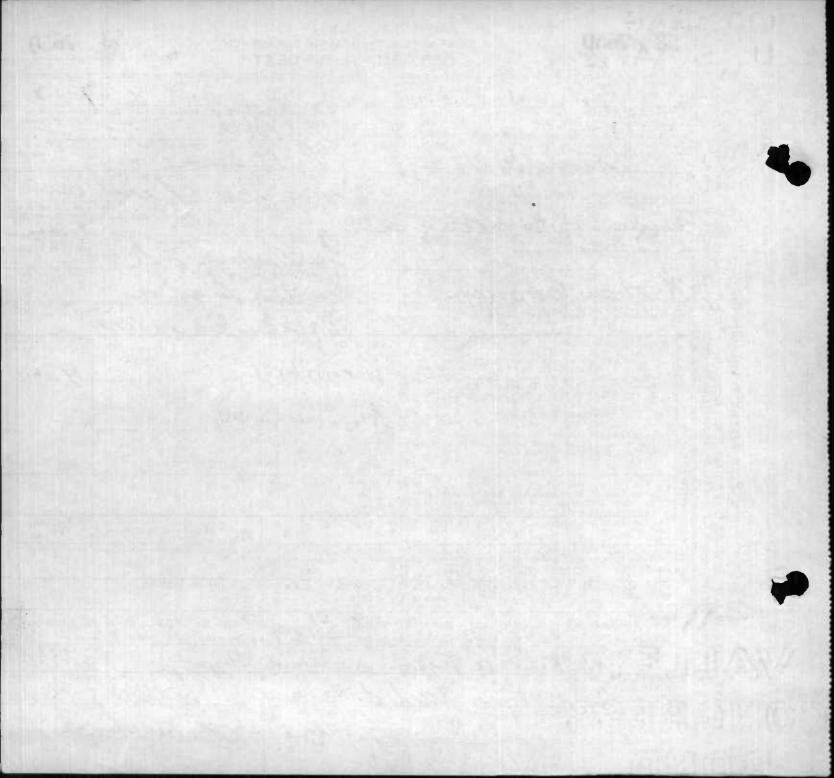
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В	IRTH NO.	() 2()		CERTIFICAT	E OF DEATH	1 "	egistered 14		
	NAME OF D	1	DEK	ETT F	LIYA	2. DA	F &-	27-5-3	,
	Baltimore (	City, Maryland	Provi	dent Hory.	4. USUAL RESIDE	NCE (Where dec			idence dmission)
	FULL NAME OSPITAL OR	OF (If not in hospi	tal or institut	ion, give street address or location)		(If outside e	orporate limits,	write HIIRAI	and vive
11	NOITUTION	Troude	ut Ha	and.	Bulls	mo	17-		township
THE C	Length of s	stay in Baltimore	lif	Yrs. Mos.	D. STREET ADDRE	ss (If rural, give Ettin			
-	. SEX	6. COLOR OR RACE		Days E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE			nder 24 Hours
	female	ealard	we	dervied	3-10-1	7	2		
		CCUPATION (Give kindo of working life, even if retired		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	, ,	intry)	12. CITIZEN WHAT CO	
1:	B. FATHER'S	(1)	0 4		14. MOTHER'S MA	( )			TO, F
_		John	Logs	n &	Karre	Parke	V		
(Y	os, no or nnknown)	ED EVER IN U.S. ARME (If yee, give war or dat	ED FORCES?	16. SOCIAL SECURITY NO.	Mrs. Rosie	Jolley	1216 Å	tting	St.
	18. 44	3 X .	ATTENDED	CAUSE	OF DEATH			INTERVAL ONSET AN	BETWEEN D DEATH
	DISEA	SE OR CONDITION	DIRECTLY	Be a C		/		0	1
	heart failt	LEADING TO DEA is not mean the mode ure, asthenia, etc. It me complication which	ans the diseas	e,	(sub-ara	chraid	at her	n) 8 0	cays
		ANTECEDENT CAU	SES	900	L	,			
NO		S OR CONDITIONS,		NG	- hyperl	cu surv	. * * * * * * * * * * * * * * * * * * *		
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Ü	TO THE	DISEASE OR CONDITIO	N CAUSING	IT				1.00.411	
AL AL	19A. DATE O	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	RATION			20. AUT	NO NO
U		ENT, SUICIDE,	21B. PL	ACE OF INJURY (e.g.,			timore City, gi		
ED	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUI	R ?			
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	r) (Hour)	21E, INJURY OCCURR	ED 21F. HOW DID	INJURY OCCU	R?		
			m.	WHILE AT NOT WHILE					
	22. I herel	by certify that I at			V ()	3, to au 3		•	
		live on (lug 2	Z, 1953	and that death occu		from the caus	es and on th		
	23A. SIGNA	graces T	- La	win M.D.	Provede	ut Has	petal	23c. DATE 9-27	-J3
2 T	ON, REMOVAL	CREMA- 24B. DATE Specify)		24C. NAME OF CEMETE	ERY OR CREMATORY	24b. LOCATIO	Q (City, town,	or county)	(State)
	Burial	8-31-5		Mt. Auburn		Baltimo		Md.	
	OCAL REGIS		rs signati	JRE .	25. FUNERAL DIR	ECTOR	Ha	ADDRESS	2780
-	AUG 28"		1/49 mm	7	, Jula	sees U.	Perus	my wis	delle
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNT A. Baltimore City. Maryland A. STATE Cofore admission) Ilf not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CLY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If runal, give location) c. Length of stay in Baltimore Days 002 5 SEX and 6. COLOR DR BACE 7. SINGLE, MARRIED If Under 1 Year 8. DATE OF BIRTH GE (In years If Under I Year If Under 24 Hours to the Days Hours Min. WIDOWED, DIVORCED (Specify) plnods wasow 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life; even if retired) INDUSTRY WHAT COUNTRY? we Touseinformation 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death rucaus 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go or unknown) (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes of INTERVAL BETWEEN item 18. 42011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFICA (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION WITH nportant. YES EDIC, 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especial 22. I hereby certify that I attended the deceased from 19 Lhat I last saw the deceased alive on 19\_5 and that death occurred at m., from the causes and on the date stated above. 234. SIGNATURE 23B. ADDRESS 23C, DATE SIGNED 13 age 244/ BURIAL. CREMA-24c. NAME OF CEMETERY 240. LOCATION (City, town, or county) (State) PLEASE TION REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

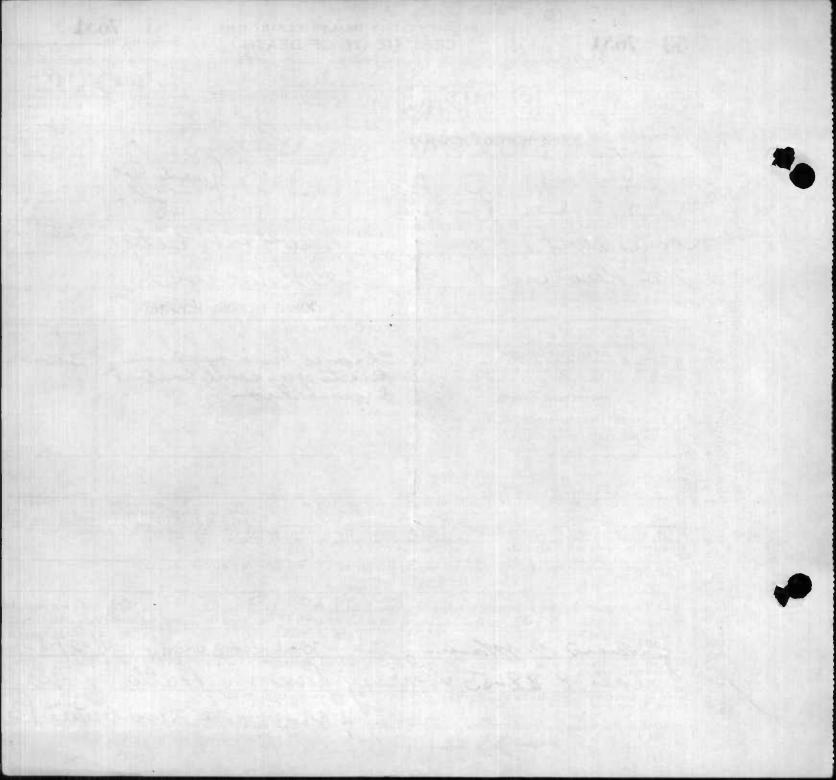
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH The 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE AWhere deceased lived. If institution : residence B. COUNTY before admission) A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location' C. CITA OR TOWN (If outside corporate limits, write RURAL and give carefully township) legibly. D. STREET ADDRESS Yrs. (If rural, give location Mos. c. Length of stay in Baltimore Days GE (In years | H Under | Year | H Under 24 Hours | Months: Days | Hours | Min. and 6. COLOR SINGLE, MARRIED, 8. DATE OF BIRTH (Specify) plnods clearly 10A. USUAL OCCUPATION (Givekindof) USINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTR WHAT COUNTRY? information 13 FATHER'S NAME death MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Jo ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes of INTERVAL BETWEEN 18. 17 CAUSE OF DEATH item ONSET AND DEATH RESERVED FOR Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES r INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING UNDERLYING CONDITION LAST. MARGIN Physicians: (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) ā OR CONTRIBUTING | CAUSE OF INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. Σ 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK AT WORK 1953 to. 1953 that I last saw the 22. I hereby certify that I attended the deceased from WRITE and that death occurred at 5 P. m., from the causes and on the date stated above. deceased alive on. 23c. DATE SIGNED 238. ADDRESS 23A. SIGNATURE S S10ge 24D. LOCATION (City, town, or county) (State) BURIAL, CREMA-REMOVAL (Specify) OR CREMATORY 248. DATE Ġ ಪ 52 correct PLEA ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 5. FUNERAL RECTOR LOCAL REGISTRAR

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d be	-	SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF BIRTH	9. AGE (In years at Under I Year last bigenday) Months Days
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WRITE e is esp		deceased alive on 8 27, 19 33 and that death of 23A. SIGNATURE	238. ADDRESS	the causes and on the date st
	24	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEM	OHNS HOPKIN	LOCATION ICITY, town, or county)
PLEASE correct ag	6	ATE RECEIVED BY REGISTRAR'S SIGNATURE	27. FUNERAL DIRECTOR	Hallo Abores
PI		DCAL_REGISTRAR	Jack Loines	e Zino Cesta

7651 ered No. ved. A institution: residence TY before admission) te limits write RURAL and give ay) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN 3 months ATED TO 20, AUTOPSY7 TER IN YES D e City, give exact location) , 1953, that I last saw the d on the date stated above. 23c. DATE SIGNED



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53 BIRTH NO.	7652 02 188	22-02/88

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 3 7652

ВІ	RTH NO.	52-02 188	C	ERTIFICATI	E OF DEAT	ГН	Registere	d-17-6	1002
(T	NAME OF D 'ype or Print)		Jeffery	Braxton			DEATH	27-195	
A.		City, Maryland			A. STATE	DENCE (Wher	B. COUNTY		tion : residence before admission)
H	OSPITAL OR ]	Baltimore Cit 4940 Eastern	y Hospit	n, give street address or tals location)	c. CITY OR TOW		side corporate l	imits, write	RURAL and give township)
	Length of s	tay in Baltimore	2208 N. 1	Howard S	t.				
5.	M	6. COLOR OR RACE	7. SINGLE, WIDOWEL Single	D. DIVORCED (Specify)	Jan. 28- 19	0.70	. AGE (In years last birthday)	Months L	ear If Under 24 Hours Days Hours Min.
10 work	A, USUAL OC	CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE	(State or foreig			ITIZEN OF	
13	FATHER'S				14. MOTHER'S M	AIDEN NAME			/
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.					17. INFORMANT Records:Ba	4940 Es	city Ho	Pepperes spital	s s
CERTIFICATION	(This does heart failu injury or DISEASE:	LEADING TO DEAT S not mean the mode o tre, asthenia, etc. It mean complication which es ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., uns the disease, enused death.) SES F ANY, GIVING STATING THE SST.	OF DEATH	ngitis		ON	SET AND DEATH	
	TO THE DISEASE O	DEATH BUT NOT BE CONDITION CAUSING	RELATED TO	ON FOR WHICH OF	PERATION		N WAS RELATE DEATH, ENTER		D. AUTOPSY?
EDICAL	OR CONTRIE	ENT WAS UNDERLYIBUTING CAUSE OF	about hom	PLACE OF INJURY ( me, farm, factory, street, office	(e. g., in or bldg., etc.) 21c. WHE	ERE DID (If i	in Baltimore C		
Σ	21D. TIME ( OF INJURY	(Month) (Day) (Year)		E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	LE	V DID INJUR	Y OCCUR?		
	22. I hereb deceased al	ny certify that I att live on 8-27-	ended the de _, 19 <b>53</b> ar	nd that death occur	rred at 3ANn	n., from the c	eauses and o	n the dat	t I last saw the e stated above.  DATE SIGNED
TIC	AA. BURIAL. (SON, REMOVAL (S	8/29	53 s signaturi	MT. Au	H940 Easters RY OR CREMATORY  LA V N  25. FUNERAL DI	Ba	ATION (City, to	nd.	

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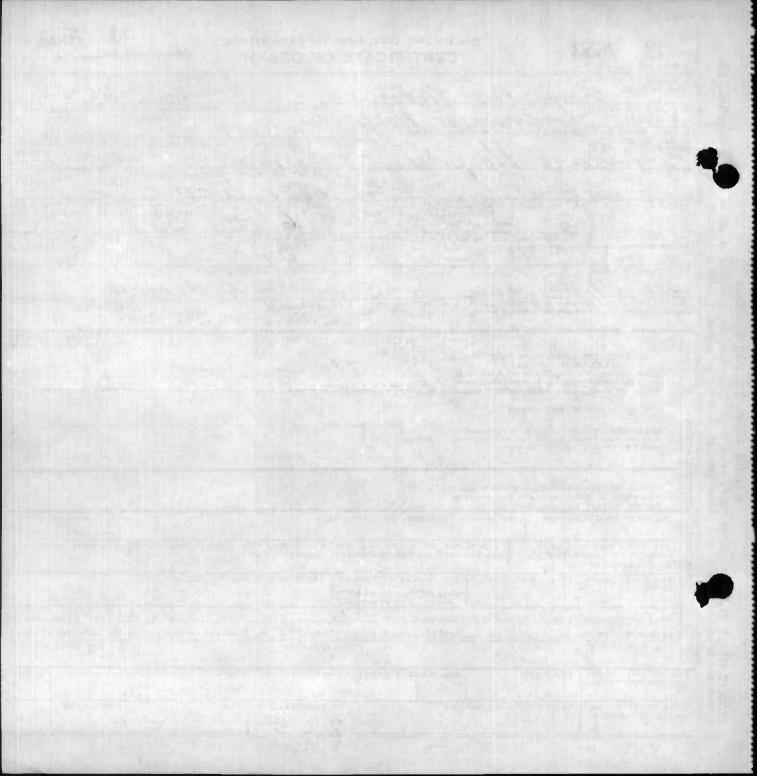
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BIRTH NO.	

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Registered No.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) B. FULL NAME OF ARYLAND HOSPITAL OR (If outside corporate limits, write RURAL and give Yrs. ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) last hirthday) Months Days Hours Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work doos during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VICTORIA IHAIL OWICK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or uokoown) (If yee, give war or dates of service) SECURITY NO. Rauf. 321 Pinewood Rd. -22 Mr. Adolf INTERVAL BETWEEN 18. CAUSE OF DEATH 201X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON. TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPS DICAI 21B. PLACE OF INJURY (e. g., io or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from. 53, 19\_, that I last saw the deceased alive on 8/26/5319 and that death occurred at 6 45 Pm. from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial Oaklawn Cemetery Aug.30.1 Baltimore Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR SANDER & SONS. INC.

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Baltimore Md.

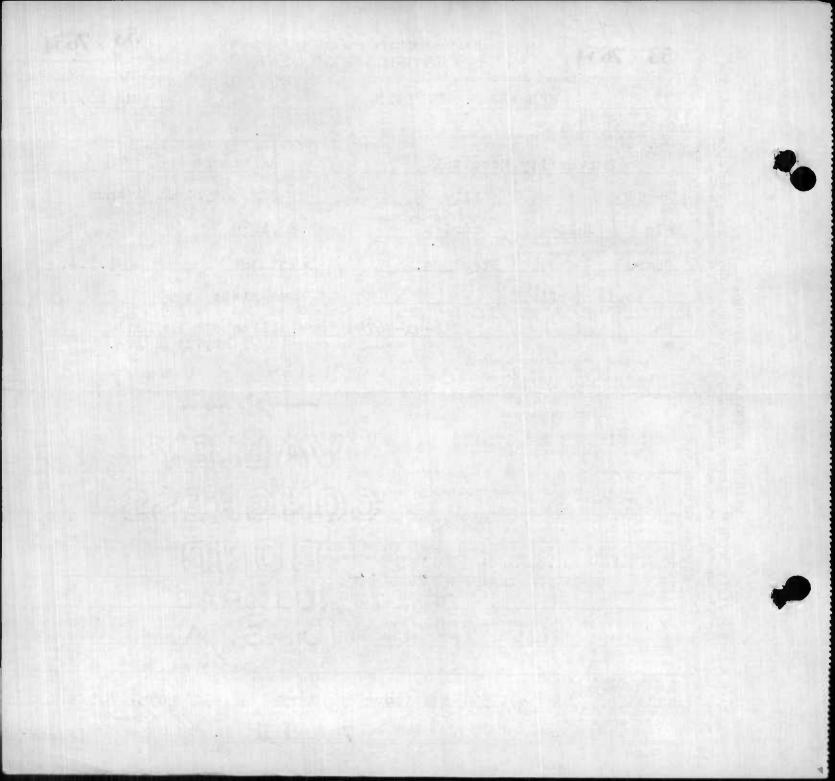


BALTIMORE CITY HEALTH DEPARTMENT

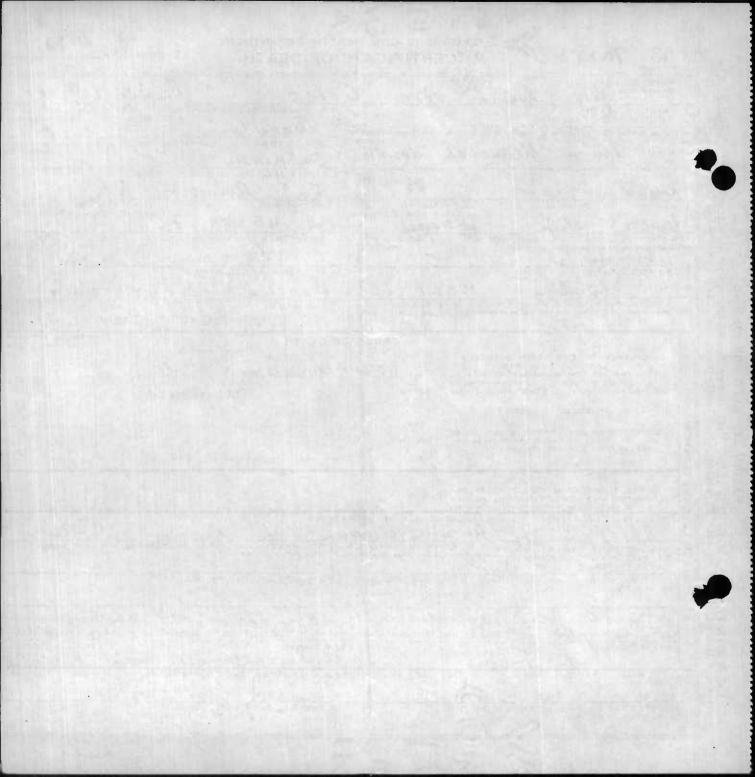
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IDING information should be carefully supplied of death clearly and legibly.	H	FULL NAMI OSPITAL OF ISTITUTION					street address or location)		OR TOWN	(If	outside corpo	orațe limit	s, write RI	RAL and gi townshi
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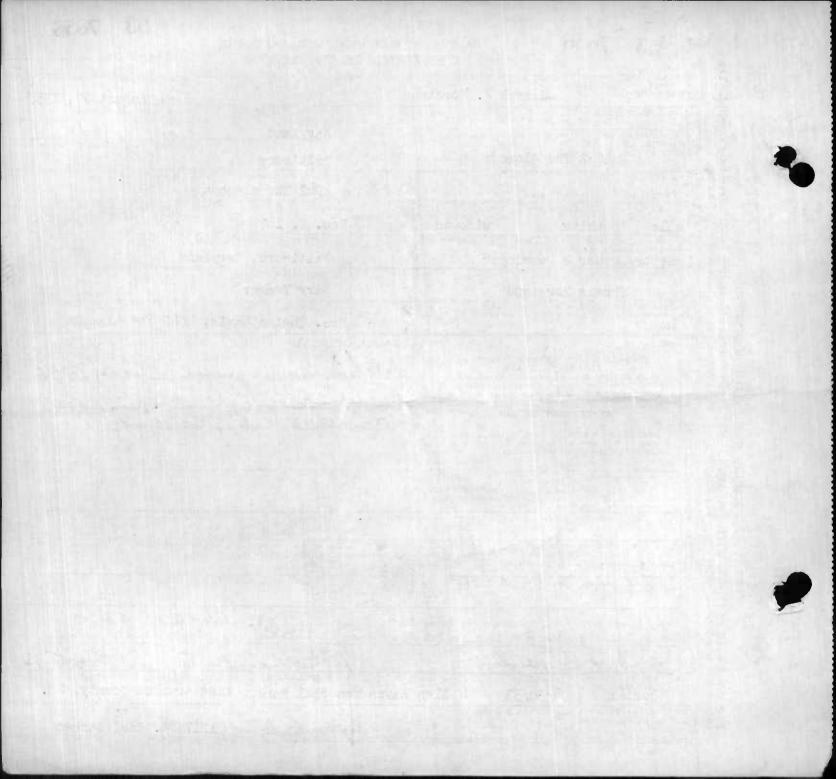
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MARGIN RESER Y, WITH UNFADING INK. is especial portant. Physicians: please v	CER	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU  19A. DATE OF OPERATION 19B. N  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 2DO CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hou OF INJURY)	IS CON- RELATED SING IT.  MAJOR FINDINGS OF OPER LIB. PLACE OF INJURY (e. g., at home, farm, factory, streek, office bidg.,  WHILE AT NOT WHILE AT WORK  And the deceased from Paragraph and that death occurrence.	RATION  In or 21c. WHERE DID (If in the color) INJURY OCCUR?  RED 21f. HOW DID INJURY OF THE DID (If in the color) INJURY OCCUR?  1943 to Minimum Am., from the color of the c	20. AUTOPSY? YES NO  In Baltimore City, give exact location) DCCUR?				
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MARGIN RESER Y, WITH UNFADING INK. is especial portant. Physicians: please v	MEDICAL CER	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DESASE OR CONDITION CAU  19A. DATE OF OPERATION 19B. M  21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hou OF INJURY)  22. I hereby certify that I attended deceased alive on 1923A. SIGNATURE  4A. BURIAL, CREMA- 24B. DATE  ALC. 29, 1   IS CON- RELATED SING IT.  MAJOR FINDINGS OF OPER ALL CAN CINCLE B. PLACE OF INJURY (e. g., at home, farm, factory, streen, office bldg.,  WHILE AT WORK MORK NOT WHILE AT WORK AT WORD AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK	RATION  LIA JAPAN  IN OF 21C. WHERE DID (If in or 21C. WHERE DID (If in or 1) INJURY OCCUR?  RED 21F. HOW DID INJURY OF THE Am., from the 23B, ADDRESS  LIA JAPAN  ERY OR CREMATORY 24D. LOCUE OF COMPLETY BA  25. FUNERAL DIRECTOR)	20. AUTOPSY? YES NO In Baltimore City, give exact location)  DCCUR?  1. 2.7 4 19. 3 that I last saw the causes and on the date stated above.  23C. DATE SIGNED 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					



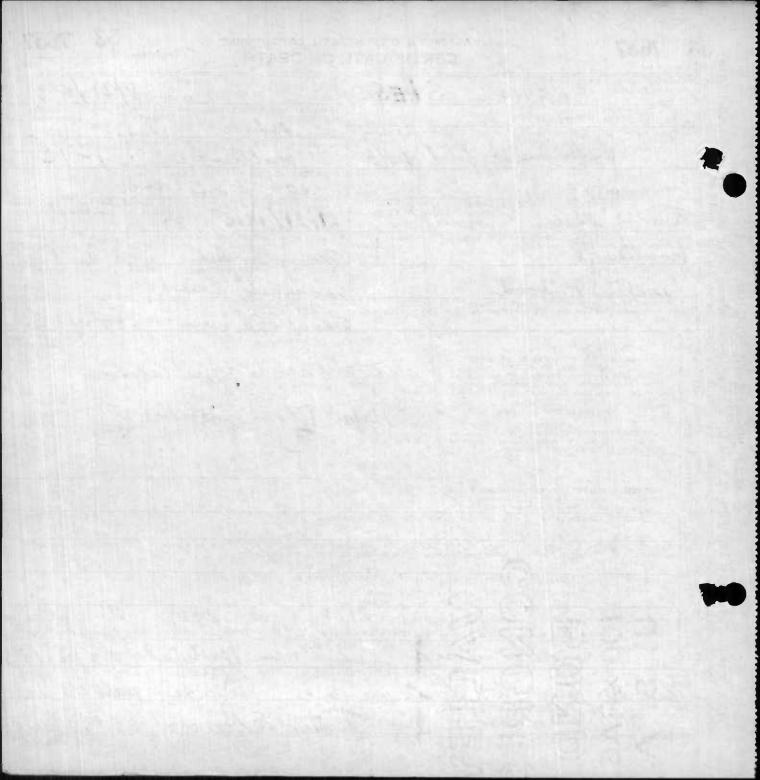
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ø		53	7030	ВА	CERTIFICA		DEATH	Registere	d No.
VDING information should be carefully supplied. The s of death clearly and legibly.	1.	NAME OF Dype or Print)	ECEASED	seph F. 1	Morel and			2. DATE OF	
	3. A. B.	PLACE OF D	City, Maryland OF (If not in ho	spital or institu	tion, give street address	or Ma	ryland ry or town	(Where deceased lived B. COUNTY	gust 27, 1953 If institution: residence before admission with write RURAL and gitter township.
	B	-0	4042 The A	Lameda	Yrs	o, STF	ltimore REET ADDRESS	(If rural, give location)	
8 9	C	Length of	tay in Baltimor	A	Mos Day		42 The Ala	meda	
d d		SEX	6. COLOR OR RA		E, MARRIED.		E OF BIRTH	9. AGE (in years	If Under 1 Year   It Under 24 Hou
uld y an		nale	white	wind	wed DIVORCED (Speciowed	Dec.	2, 1879	last birthday)	Months Days Hours Mir
on sho	Ce	emetery (	of working life, even if ret Owner & Dev	ired)	D OF BUSINESS OR INDUST	Ba	11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland		
th	13	FATHER'S	NAME			14. MC	THER'S MAIDE	NAME	
VG rm dea		T	nomas Morel	and		Ma	ry Yeager		
R BINDING	15 (Yes	. WAS DECEAS , no or unknown)	ED EVER IN U.S. AF	MED FORCES? dates of service)	16. SOCIAL SECURITY NO		FORMANT Thelma Da	vis, 4042 The	Address Alameda
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the ca	RTIFICATION	heart failt injury or DISEASE RISE TO TUNDERL	a not mean the mo ire, asthenia, etc. It complication whice ANTECEDENT C. S OR CONDITION THE ABOVE CAUSE YING CONDITION  11 BINIFICANT CONDITION DEATH BUT NO	means the diser the caused dear AUSES S, IF ANY, GIV (A) STATING LAST.  DNS CONTRIE	(C)	ucula ndia	nugediti	cerchal),	iec. 1948
M N N	CE	OISEASE C	OF OPERATION	SING IT.	DITION FOR WHICH	OPERATIO	ON LIFO	PERATION WAS RELATE	D TO I 20. AUTOPSY?
WITH rtant.	A.			WAS PERF	ORMED		CAUS PAR	E OF DEATH, ENTER	YES NO
0	EDIC	OR CONTRI	ENT WAS UNDER BUTING CAUSE TIFY MEDICAL EXAM	OF abou	B. PLACE OF INJURY t home, farm, factory, street, of	(e.g., in or fice bldg.,etc.)	21c. WHERE D INJURY OCCU	ID (If in Baltimore C R?	ity, give exact location)
AINL.	Σ	21D. TIME OF INJURY	(Month) (Day) (Y	ear) (Hour)	21E. INJURY OCCUP WHILE AT NOT WORK AT W		21f. HOW DID	INJURY OCCUR?	(
PLEASE WRITE PLAINLY, correct age is especially imp		22. I herel deceased a 234 SIGN	live on Aug	26,1953	e deceased from	eurred at	1947 to	and o	353that I last saw to the date stated about 2000 DATE SIGNE
ASE W	24 TIC	4A. BURIAL, ON, REMOVAL ( DUTIA	CREMA- Specify) 8/30	E()	M. D. 24c. NAME OF CEME Glen Haven		and the second s	Anne Arundel	own, or county) (State
PLEAS correct	D	ATE RECEIVE	D BY REGISTE	AR'S SIGNAT		25. FU	NERAL DIRECT	OR 1217 St. Pa	ADDRESS

29074



5	3	7657 RTH NO.  BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT 56 E OF DEATH Registered No.	3 7657
	(T)	NAME OF DECEASED  SPECIAL PRINCES SIES	2. DATE OF DEATH 8/2.	1/53
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst	titution; residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR STITUTION Lubbleau Loghtol of Ht.	Ballimore 7	rite RURAL and give to mship)
leg1b,	4	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1409 Forte are.	
and		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	11/21/1916 last birthday) Month	1 Year H Under 24 Hours S Days Hours Min.
clearly	Mork	A. USUAL OCCUPATION (Give kind of lob, KIND OF BUSINESS OR lobe during most of working life, even if retired)  **Town of the control of the lobe in th	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
death	-	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	· W. V.
	15	WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	margaret Elles.	
es or	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (if yes, give war or dates of service)  16. SOCIAL SECURITY NO.	Charles E. Seis - 1409	Tocse Eve
write the causes		OLISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	of DEATH alifnant hyperteusur	INSERVAL BETWEEN
please w	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO	W Blood fressure.	
	CA	UNDERLYING CONDITION LAST.		
Iciai	RTIF	11 <u>(C)</u>		
Physicians:	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
mportant.	EDICAL	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg., c.		exact location)
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK		
)ec15		22. I hereby certify that I attended the deceased from	25 , 1953, to 8/23 , 1953, t	hat I last saw the
esb			rred at Y.O o m., from the causes and on the	date stated above.
e 1s		a fulles four M.D.	Lutherau Horpital	8/21/53
ect age	24 TIO	NA. BURIAL, CREMA- 24B. DATE 24c. NAME OF CEMETE	Park Window mel	OPS MS
correct	LC	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	RAND
		VS 150	Company Com	ave



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED 2. DATE (Type or Print) JAMES JONES August 26, DEATH supplied. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Marvland B. FULL NAME OF (If not in hospital or institution, give street address or A. and give HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RU INSTITUTION carefully Union Memorial Hospital Baltimore ld be carefu D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1304 Morling Avenue c. Length of stay in Baltimore Life 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months: Days Hours! Min. Male White information should s of death clearly ar Married Nov 10, 1923 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Chauffeur Kent Freight Line Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George K. Jones Jennie E. Townsend BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. YES 2ND W. W Jannia E. Jones 1304 Morling Ave Every item of i INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia due to hanging (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) .... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY? NO X WITH important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB-INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH. Garage Rear of 1304 Morling Avenue AINLY, 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WHILE AT TE PLAIN especially Hanged self in garage 3:30 Pem Aug. 26 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: ratural causes [ ], accident [ ], suicide [ ], homicide [ ], undetermined [ ]. 13. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER .. 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER Aug. 27. MEDICAL INVESTIGATOR PLEASE correct ag 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B BATE 24c, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Burial Aug 29 1953 | L Windsor DATE RECEIVED BY FUNERAL DIRECTOR

V S 151

LOCAL REGISTRAR

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RESERVED MARGIN

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before admission)

Months; Days Hours; Min.

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

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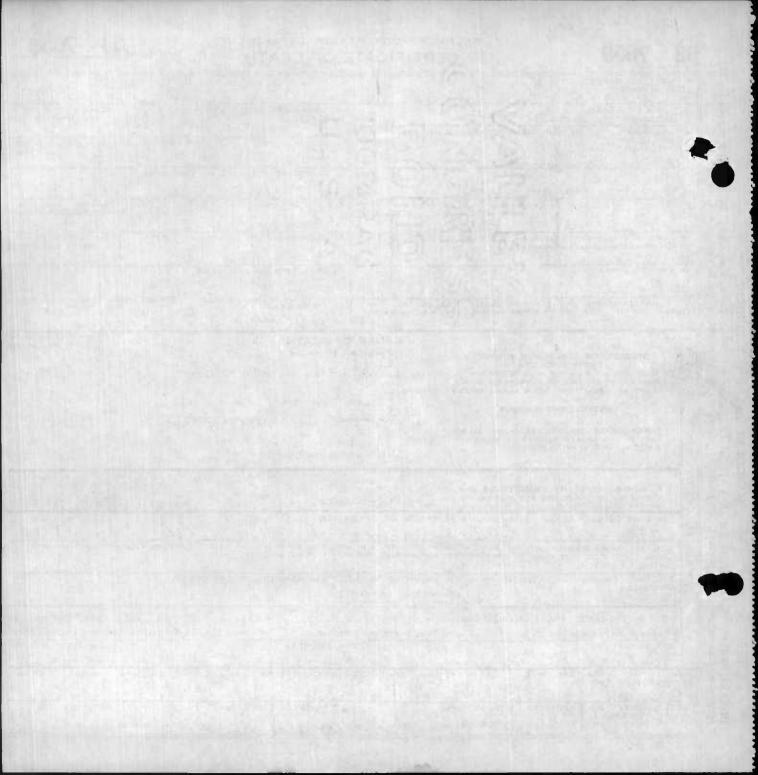
INTERVAL BETWEEN

ONSET AND DEATH

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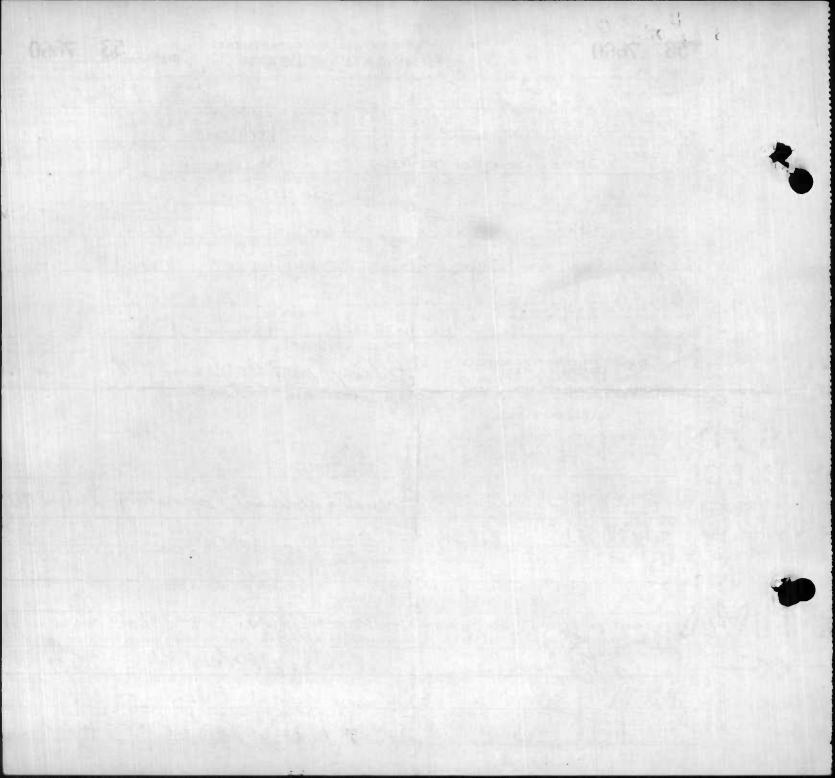
23c. DATE SIGNED

ADDRESS



### BALTIMORE CITY HEALTH DEPARTMENT

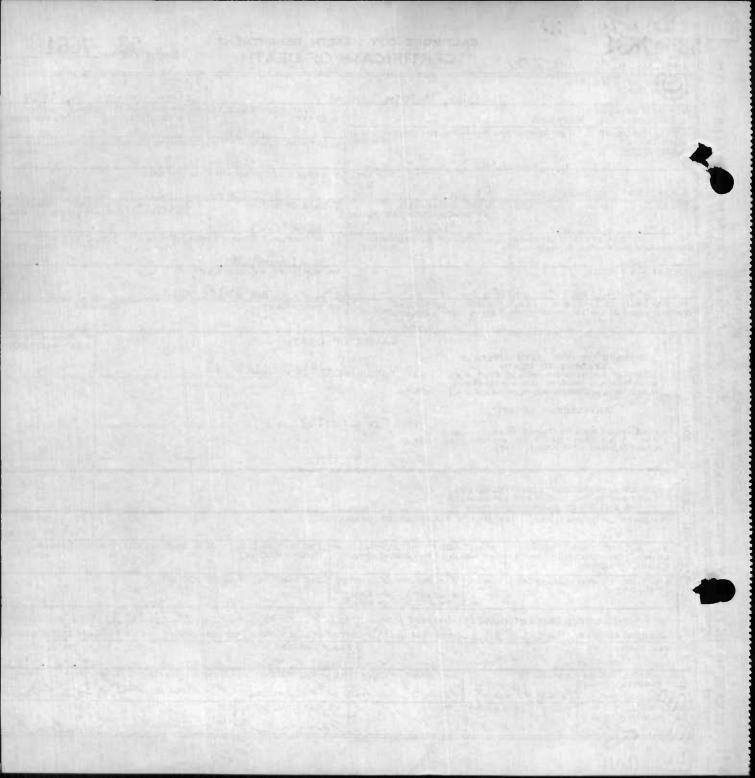
6)	33 7680	CERTIFICATE OF DEATH	Registered No. 100U				
The	BIRTH NO.  1. NAME OF DECEASED		2. DATE 2				
carefully supplied.		KOTHE	OF august 27,1953				
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE	(Where deceased lived. Vinstitution: residence before admission)				
ins		itution, give street address or location)	INd SG				
ully	INSTITUTION 3104 Louis	Balt.	(If outside corporate limit, write RURAL and give township)				
refu	00	Yrs. D. STREET ADDRESS (	If rural, give location)				
leg leg	c. Length of stay in Baltimore		ise Aue				
d b		GLE, MARRIED.  OWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (In years last birthday) Months Days Hours Min.				
NDING information should be carefu s of death clearly and legibly.		IND OF BUSINESS OR 11. BIRTHPLACE (State or					
	CONSTRUCTION CO	perior Go Ballimore	Md WHAT COUNTRY?				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN					
	William Kothe	ITNNA -					
R BINDING em of inform causes of de	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of services)	SECURITY NO.	ADDRESS 3104				
BII of ises	6 18. 1 E E Y	CAUSE OF DEATH	NCO 1 Nothe Louise				
FOR the cau	DISEASE OR CONDITION DIRECT	1 - 1 - 1	ONSET AND DEATH				
RESERVED FO. INK. Every ite	(This does not mean the mode of dying,	e. g., (1) Deleasy root Car	Cenera use 6 ws.				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO GENERAL TRACE CARCINGTO UNITS.						
25	ANTECEDENT CAUSES						
RESEJ INK.	DISEASES OR CONDITIONS, IF ANY, G						
Z Z Z	UNDERLYING CONDITION LAST.	3 THE DUE TO  (C)					
CGI DIN ians	[ [						
MARGIN UNFADING Physicians:	TO THE DEATH BUT NOT RELATED		Capacitan July 28, 1953				
P. P. P.	DISEASE OR CONDITION CAUSING IT.		RATION WAS RELATED TO   20, AUTOPSY?				
WITH rtant.	7 4 4 WASSEE	FORMED AND TO CAUSE	OF DEATH, ENTER IN YES NO				
ILY, WITH	O OR CONTRIBUTING CAUSE OF		(If in Baltimore City, give exact location)				
mpo,	Σ						
FE PLAINLY especially imp	OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID I	NJURY OCCUR?				
ol. A	m	TOTAL CONTRACTOR	Beeflet 27 10 that I last gam the				
TE E	22. I hereby certify that I attended deceased alive of 127, 19	and that death occurred at	, 15 , that I tast saw the				
	23A. SIGNATURE	238. ADDRESS	23C PATE SIGNED				
Se €	24A. BURIAL CREMA-  24B. DATE	M. D. PZI	LOCATION (City, town, or county) (State)				
SE t a	24A. BURIAY, CREMA- THON, REMOVAL (Specify) BU - 1 2 8-29-53		BALTO Md				
PLEASE WRI'	DATE RECEIVED BY   REGISTRAR'S SIGN		ADDRESS A				
<b>A</b> 9	LOCAL REGISTRAR	3/10 De Segnois Vitu	ch 5305 Harford Pd				
	VS 150	100011					



11	" M - 1/2 M								
1	2	1766	720	BA	LTIMORE CITY HE	EALTH DEPARTM	ENT W 53	neci	
1	0	700.	3-1977	2	CERTIFICATE	E OF DEATH	Registered	3 <sub>No.</sub> 7661	
=	1.	NAME OF D		<i></i>			2. DATE		
	(Ty	ype or Print)		Meczk	o. Melvin Gera	rd	OF	ust 23, 1953	
		PLACE OF D	EATH: City, Maryland			4. USUAL RESIDEN	ICE (Where deceased lived,		
	в. Г	FULL NAME		al or institut	tion, give street address or	Maryl	and Bal	timere	
		STITUTION		11 33	location)	C. CITY OR TOWN		nits, write RURAL and give township)	
11-	7	1	St. Jose	ph's	Yrs.	Balti	more s (If rural, give location)		
E	T	Longth of s	tar in Baltimore	7 3	Mos.			5300	
		SEX	tay in Baltimore	7. SINGLE	Days le. MARRIED.	8. DATE OF BIRTH	Dunmere Road 9. AGE (In years)	Il Under 1 Your   If Under 24 Hours	
		3/	W		ved, DIVORCED (Specify)	August 22,	last birthday) [N	Months Days Hours Min.	
			CUPATION (Give kind of of working life, even If retired)		O OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF	
		None			INDUSTRY	Baltimore.	Md	WHAT COUNTRY?	
	13.	FATHER'S	NAME			14. MOTHER'S MAID	EN NAME		
		Mlezk	o Melvin Sta	anley		Rita Agnes Kulczynska			
10	15. Yee	, no or unknown)	(If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-	_	No			None				
		18. 762				OF DEATH		ONSET AND DEATH	
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		heart failu	s not mean the mode oure, asthenia, etc. It mea complication which c	ns the diseas	se.	20.040.403		***************************************	
		injury or							
1	z	-	ANTECEDENT CAUS		(B)Prema:	turity			
	2	RISE TO T	S OR CONDITIONS, II	STATING TH	NG			***************************************	
	4	UNDERLY	YING CONDITION LA	ST.	(C)	***************************************			
i	ERTIFICATION		1[						
	2		SIGNIFICANT CONDI						
	٦ ا	TO THE D	ISEASE OR CONDITION	CAUSING I	IT				
	1	19A. DATE C	OF OPERATION 0 1	9B. MAJOR	R FINDINGS OF OPER	ATION		20. AUTOPSY?	
1	DICAL		DENT WAS UNDER-		ACE OF INJURY (e.g., In				
	П	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
1	Σ	21b. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID I	NJURY OCCUR?		
1		OF INJURY							
		22. I heret	53 that I last saw the						
1		deceased alive on August 231953, and that death occurred at 8:55am., from the eauses and on the date							
							23c. DATE SIGNED		
0 -	24	1.0	6	214	24C NAME OF CEMETE	BY OR CREMATORY	ine Street 24b. LOCATION (City, tow	Aug. 23. 53	
	TIO	N. REMOVAL	CREMA- 24B. DATE	-	24C. NAME OF CEMETE	Pol	Be las as E	1 B Mad	

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS 5364



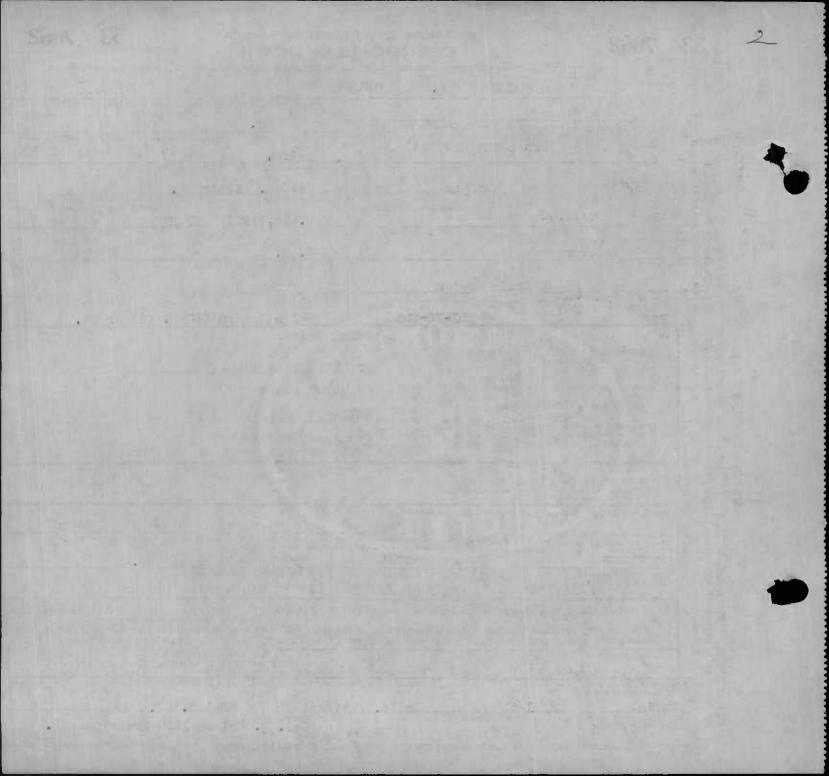
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7662

BI	RTH NO.		CER	TIFICATE	OF DEATH	Registered No	0
1. (T	NAME OF DECEASED 'ype or Print)	CHARLE	S A.	GRAHA	M	2. DATE OF DEATH 8/2	3/53
	PLACE OF DEATH: Baltimore City, Ma	rvland			4. USUAL RESIDENCE (		nstitution; residence before admission)
B.			r institution, give	street address or			
	ISTITUTION	Provide	nt Hospit	location)			
8	9			Yrs.	D. STREET ADDRESS (I	f rural, give location)	
	Length of stay in B		?	Mos. Days	630 N. Gilm	or St.	
	ale colo		SINGLE, MARI WIDOWED, DIV	RIED. /ORCED (Specify)	8. DATE OF BIRTH Feb. 26. 1926	9. AGE (In years last birthday) Mon	the Days Hours Min.
	A. USUAL OCCUPATIO	e, even if retired)	s. KIND OF BU	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or		12. CITIZEN OF WHAT COUNTRY?
13	Laborer Laborer				S. A.		USA
					14. MOTHER'S MAIDEN NAME		
15	. WAS DECEASED EVER IN	U. S. ARMED FO	RCES?   16.50	OCIAL	Jannie ?		Dores
(Ye	yes (If yes, a	ive war or dates of s	251-26-	ECURITY NO.			DRESS
	-/ 1 2	~	NOT-NO-		OF DEATH	630 N. Gilmor	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY			CAUSE	OF DEATH		ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,				cture of mandible		
	heart failure, astheni injury or complicat	a, etc. It means t	he disease,	ebral edema			
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING						5
OIT	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO PULL UNDERLYING CONDITION LAST.			monary edema	54 101 11	1 - 2 - 13	
CA				(c)2t	ty retarorphosis	of the liver	
RTIFICATION	OTHER SIGNIFICATION TRIBUTING TO THE DISEASE OF	DEATH, BUT NOT	RELATED				
CE	19A. DATE OF OPERA			NGS OF OPERA	ATION		20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUS	CONTRIB- ab	out home, farm, facto	INJURY (e. g., in	INJURY OCCUR?	If in Baltimore City, gi	
ME	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR				Stricker and higgs Sts. /6'/		
	OF INJURY 8/23/		m. WHILE AT				
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from						
	the evidence ob	tained by sai	d Autopsy, In	nspection or I	Autopsy, nquiry, find that said of	Inspection or Inquiry leceased died on the $\Box$ , homicide $\Box$ , un	day stated above.
	23A. SIGNATURE	49.0	helin	0	238 CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGATION	EXAMINER 23C	DATE SIGNED
24 TIC	A. BURDAL CREMA 2 DN, REMOVAL (Specify)	48. DATE	24c. NA		RY OR CREMATORY 24D. 1		r county) (State)
	Burial	8/33/53		Ralto Nat	tional Be	alto. Md.	
	ATE RECEIVED BY R	EGISTRAR'S S	IGNATURE	F- 11	25. FUNERAL DIRECTOR	on 1303 Proces	ADDRESS

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97099 Ged. D. Kelson



# M-630

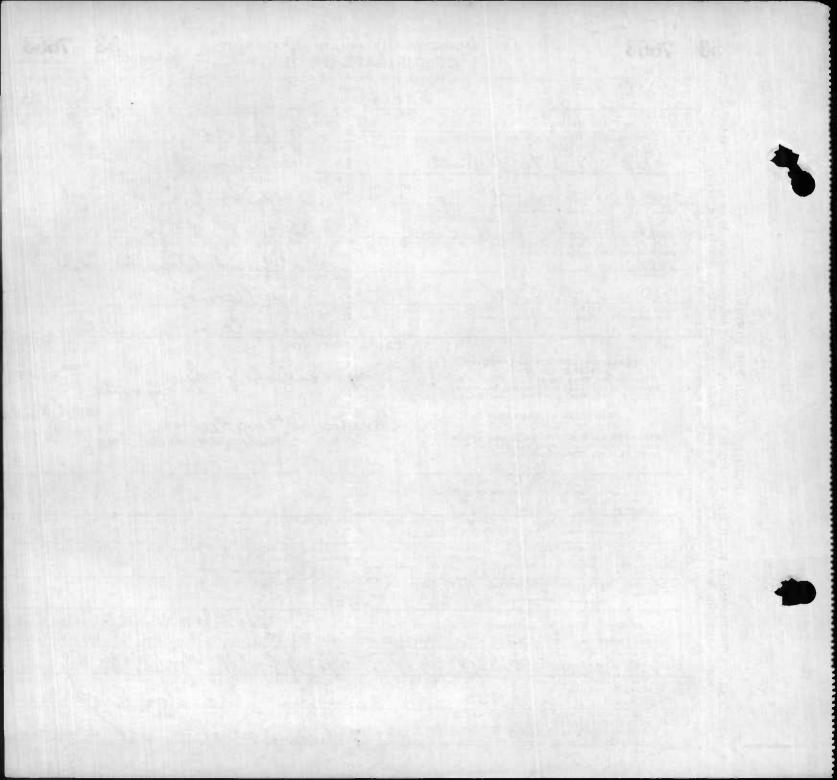
#### BALTIMORE CITY HEALTH DEPARTMENT

53 7663

В	IRTH NO. CERTIFICAT	E OF DEATH Registered No.					
1.	NAME OF DECEASED A	2. DATE A					
(3	Type or Print) Clanes Marot	DEATH (1119. 28, 1953					
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution residence before admission)					
11-	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address of						
II H	OSPITAL OR location						
11	30/2 Sant Paul Street	Baltimore U township)					
1	3012 Saw / Gu Your Yrs.	o. STREET ADDRESS (If rural, give location)					
0	//// Mos.	2012 10 + Pal St. +					
	Length of stay in Baltimore 7 '2 40 Days  SEX   6.COLOR OR RACE   7. SINGLE MARRIED,	B, DATE OF BIRTH   9. AGE (In years   If Under 1 Year   If Under 24 Hours					
1	MIDOWED, DIVORCED (Specifi	y) 7 20 (6/ C last birthday) Months Days Hours Min.					
Y	Smal While Stidowed	1-22-1868 83nps.					
wor	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country) Y 12. CITIZEN OF WHAT COUNTRY?					
	Honowife	D. Convardo de Magnerello U.S. a.					
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	Sever Besitte	ana Raccot					
1!	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 98, no or nuknown) (1f yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS					
1,,,	(If yes, give war or dates of service) SECURITY NO.	Mars anne Caron - 30/2 St. Paul St					
	18. // p g / CAUSE	OF DEATH					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	LEADING TO DEATH						
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, in juny or complication, which caused death)						
	injury or complication which caused death.) DUE TO						
	ANTECEDENT CAUSES						
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	nie di existence					
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Caldwid Celler breeze					
X	UNDERLYING CONDITION LAST. (C)						
FIC							
RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
Ш	TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.						
U	19A. DATE OF OPERATION A 19B. CONDITION FOR WHICH C	PERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?					
A P	WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II					
I Ö		(e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location)					
EDI	DEATH (NOTIFY MEDICAL EXAMINER)	made, we.					
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCUR!	RED 21F. HOW DID INJURY OCCUR?					
	OF INJURY WHILE AT NOT WE						
	m.   WORK AT WO						
	22. I hereby certify that I attended the deceased from	, 1952 to Hug 27, 19 S3that I last saw the					
	deceased alive on 14437, 1955, and that death occ	urred at 10:45 Pm., from the layges and on the date stated above.					
	234 SIGNATURE 7 24 /	23B. ADDRESS 23C. DATE SIGNED					
	Martifuller of seed of N M.O.	2818 XX Pallet 1 + 400 18 My 184 184 28-38					
2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)					
1	A)	in olin. Craiston Khode Galand					
	PATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS					
11 -	OCAL REGISTRAR	(hel & C Million Jus - 2431 & Chinest					

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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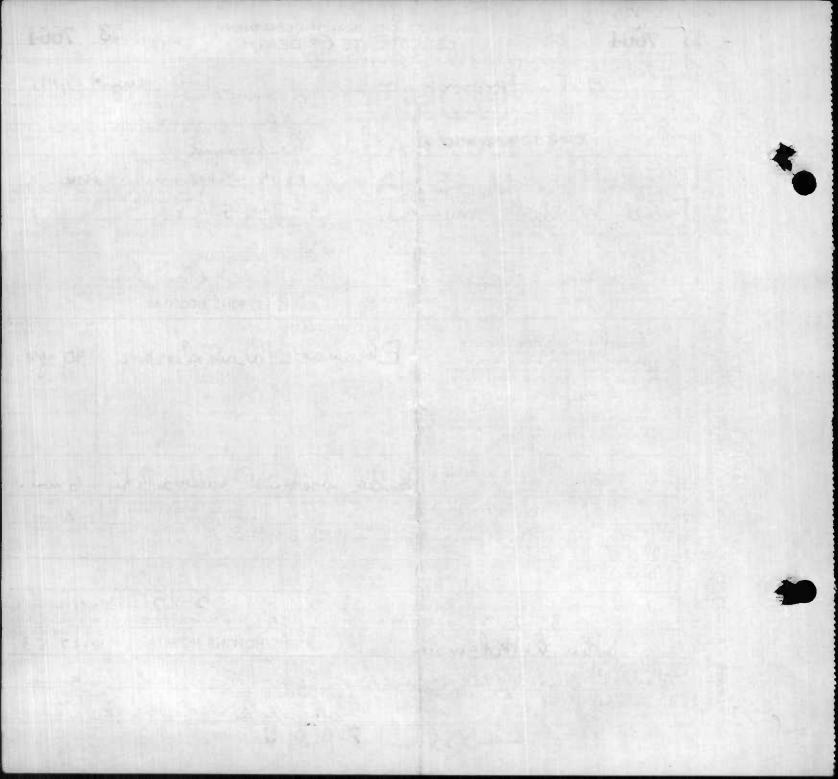


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## BALTIMORE CITY HEALTH DEPARTMENT W/

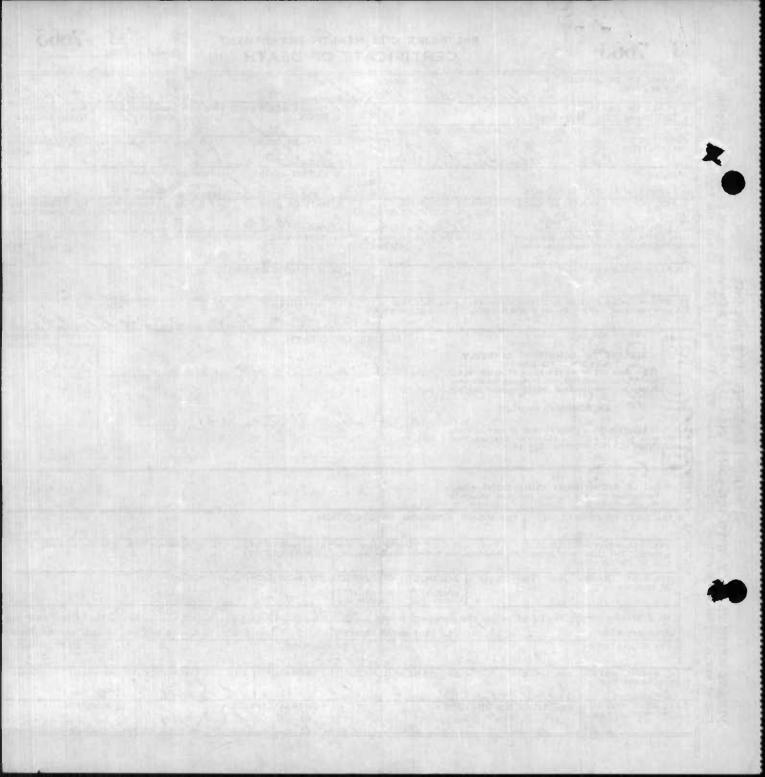
52	MO04
Registered No.	7664

The	3 BI	7664 RTH NO.	CERTIFICATE	E OF DEATH	Registered'No	/054
		NAME OF DECEASED  ype or Print)  Helen Fan	22.00		2. DATE OF DEATH (LAND)	27,1952
VDING information should be carefully supplied. s of death clearly and legibly.	Α.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WI		ution : residence before admission)
	H	FULL NAME OF (If not in hospital or inspectation)  STITUTION  JOHNS HOPKINS	titution, give street address or location) HOSPITAL	C. CITY OR TOWN (If o	outside corporate limits, writ	te RURAL and give township)
carefu	1	Length of stay in Baltimore	Yrs. Mos.	10 - 11	ural, give location)	
ld be	5.	SEX 6. COLOR OR RACE 7. SII	Days   NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years If Under I last birthday) Months	
shou	10	DA. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		CITIZEN OF WHAT COUNTRY?
nation ath cl	13	FATHER'S NAME		14. MOTHER'S MAIDEN (NA	ME	
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCE 8, no or unknown) (If yes, give war or dates of servi-	is?   16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS	HOSPITAL ADDRE	iss /
BIN of uses		18. 416X	CAUSE	OF DEATH	[11]	NTERVAL BETWEEN
FO it the		DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dying	C. E. (A) Clou	malic beat		40 yy.
RVED Ever write		heart failure, asthenia, etc. It means the d injury or complication which caused ANTECEDENT CAUSES				a
RESER INK. please v	NO	DISEASES OR CONDITIONS, IF ANY,	GIVING			•••••••••••••••••••••••••••••••••••••••
r k	ICAT	UNDERLYING CONDITION LAST.	(C)			
MARGIN UNFADINC Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED		bostnial en	docarditis!	6 wes.
₩.	AL C		NDITION FOR WHICH OF		CEATH CHIEF IN	O. AUTOPSY?
LY, WITH important.	EDIC/		218. PLACE OF INJURY (about home, farm, factory, street, office	. g., in or 21c. WHERE DID (		
	Σ	210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE	E	JRY OCCUR?	
		22. I hereby certify that I attended	the deceased from	) - B , 1953 to	9-27, 1953 the	at I last saw the
RITE is esp		deceased alive on 8-2-7, 195 23A. SIGNATURE		3B. ADDRESS	23	C. DATE SIGNED
SE WRI	2. TI	4A. BURIAL (CREMA- DN REMOVAL (Society)	24c. NAME OF CEMETE	JOHNS HOPKINS	CATION (City, town, or co	•17.53 unty) (State)
PLEASE correct ag	D	ABURIAT Cus. 3019.	53 Forest Lan	25. FUNERAL DIRECTOR	Kmond Vi	offess and
H 00	=	DCAL REGISTRAR	alla Care	John C. Miller Dr	nc 2431 Easi	Oliverst.
	1	VS 150	to the said of the	0 0 1		



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KESE	G INK.	please
MAKGIN	PLEASE WRITE PL. ILY, WITH UNFADING INK. Every item of information should be carefully supplied	correct age is especially important. Physicians: please write the causes of death clearly and legibly
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	AT),	Imi in
	TIE PL	s especial
	SE WR	age is
	PLEAS	correct

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.    1. NAME OF DECEASED (Type of Pint)	11 L	+-155				
Second Companies   Second Comp	1	7665			53	
Canal   Cana	BI		CERTIFICAT	E OF DEATH	Registered No.	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) C. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. D. STREET ADDRESS If rural, give*location) S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOVED DIVERCED (specify) WIDOVED DIVERCED (specify) B. DATE OF BIRTH 9. ACE (In year) Illudir 1 year lender? Houses Williams 1. SALT OF BIRTH 1. SALT OF HOSPITAL OR INDUSTRY  13. FATHER'S NAME  15. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  16. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  17. INFORMANT ADDRESS  18. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  19. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  10. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  11. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  12. WAS DECEASED EVEN IN U. S. ARMED FORCES? (Yan no or unknown) (If year, give war or dates of service)  13. FATHER'S NAME  15. WAS DECEASED EVEN IN U			L. Hos	mar.	OF /	17 1953
Color of Stay in Baltimore   Color of Stay	Α.	PLACE OF DEATH: Baltimore City, Maryland		A. STATE	here deceased lived, It hist	
C. Length of stay in Baltimore  S. SEX   6. COLOR on RACE   7. SINGLE, MARIED, WIDOWED, DIVORCED (Speelfy)   8. DATE OF BIRTH   9. AGE (In years   Blude 72 More   Blude 72 More   Blude 72 More   Blude 74 Mo	HC	SPITAL OR			outside corporate limits, w	
C. Length of stay in Baltimore    Days   SLASS   SASTINUM   SAME			mub fue.	Balto	rural give contion)	township)
WIDOWED, DIVORCED (Speelfy)  Italy 30 90  It			Mos.	3635 Chest	with for.	
13. FATHER'S NAME	5.				9. AGE (In years II Under last birthday) Month	t I Year If Under 24 Hours S Days Hours Min.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)  18. # 20.   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONDITIONS CONTRIBUTING TO THE DESTA BUT ON THE DESTA BUT ON THE PROPERTY OF THE DESTA BUT ON THE DESTA BUT ON THE DISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? TO THE DISEASE OR CONDITIONS CONTRIBUTING 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? TO THE DISEASE OR CONDITION CAUSING IT.  21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  1 INTERVAL BETWEEN ONSET AND DEATH 10. AUTOMATOR 10.	10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		11, SRTHPLACE (State or for	reign country) 12	
CAUSE OF DEATH   CAUS	13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
CAUSE OF DEATH   CAUS	15	WAS DESCRASED EVEN IN W				
CAUSE OF DEATH   INTERVAL BETWEEN ONSET AND DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)   DUE TO	(Yes	no or unknown) (If yes, give war or dates of ser		0 11 1 11	73	RESS
LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Booth home, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour)  21E. INJURY OCCURRED CONTRIBUTING AT WORK  WHILE AT WORK  WHILE AT NOT WHILE AT WORK  TO WHILE AT WORK  WHILE AT NOT WHILE AT WORK  WHILE AT WORK  AT WORK					0000	
ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21B. PLACE OF INJURY (e.g., in or CAUSE OF DEATH)  WHILE AT WORK AT WORK  AT WORK  DUE TO  (B)  (B)  (B)  (B)  (B)  (B)  (C)  (C)		LEADING TO DEATH	CTLY ng, e. g., (A)	rares thrombosi	Š	sudden
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES NO  21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in or LYING) OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT NOT WHILE AT WORK		heart failure, asthenia, etc. It means the				
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CAUSE OF DEATH  2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY  MILE AT WORK  CAUSE OF DEATH  2 1F. HOW DID INJURY OCCUR?  WHILE AT WORK					f in Baltimore City, give	
OF INJURY MHILE AT NOT WHILE AT WORK	ш	CAUSE OF DEATH				
			WHILE AT NOT WHILE		OCCURT	
		22. I hereby certify that I attende	d the deceased from au	9 20 , 1953, to Ok		hat I last saw the
deceased alive on all 27, 1953, and that death occurred at 10; 10 mm, from the causes and on the date stated above.  23A. SIGNATURE   23C. DATE SIGNED			22, and that death occur	rred at 10:40 m., from the		3c. DATE SIGNED
M.D. 846 W. 365 )7 8-28-53  24A. BURIAL, CREMA- 24B. DATE   24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)	24	/ willer	м. D.		OCATION (City, town, or	
Barrie Lug 31.1953 Hanist Redal Peterville mel-	TIC	Burial (Specify) Lug 31.195	3 Warrish Red	al Per	fiscille m	1-
DATE RECEIVED BY RESISTEAR'S SIGNATURE ADDRESS LOCAL REGISTRAR		CAL PEGISTRAD	NATURE -	D. B. G. M.	A. Wine	DDRESS
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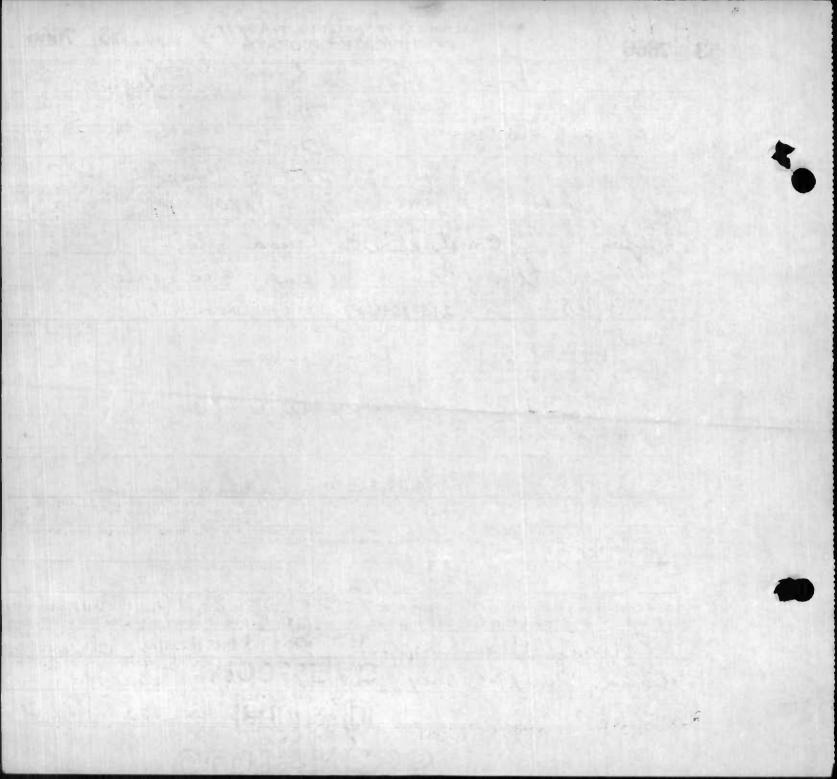


PLEASE

LOCAL REGISTRAR

VS 150

Registered No. B. COUNTY before admission) (If outside comparte limits, write URAL and give township) (If gura give location) 9. AGE (In years I Under I Year last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? eoward ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO 19 that I last saw the \_m., from the causes and on the date stated above. 23C DATE SIGNED LOCATION (City, town, or county) 0 ADDRESS



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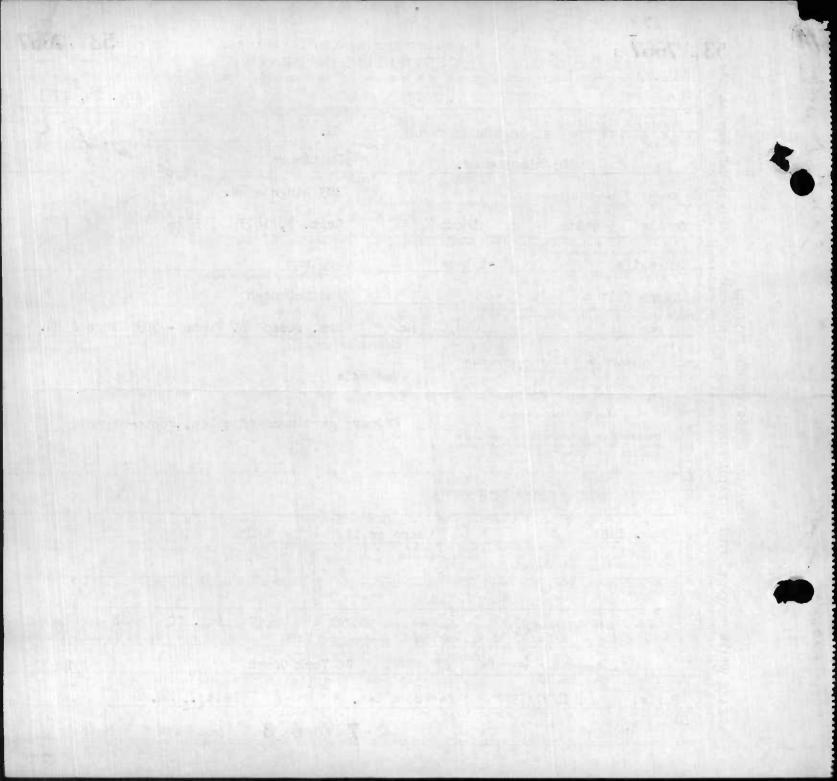
#### BALTIMORE CITY HEALTH DEPARTMENT

	53	7667
Registered	No.	

Sacto. 17, Md.

	BIRTH NO.							
=	1. NAME OF DECEASED (Type or Print)		FRED T	: FLYNN		2. DATE OF DEATH AU	g. 26, 1953	
11_	3. PLACE OF DEATH: A. Baltimore City, Ma	ryland			4. USUAL RESID	ENCE (Where deceased lived, B. COUNTY	If institution : residence before admission)	
	HOSPITAL OR INSTITUTION	303 Winga		on, give street address or location)		(If outside corporate in	nits, vito RURAL and give township)	
-	V		ace ma	Yrs. Mos.	o. STREET ADDR	ESS (If rural, give location)		
		R OR RACE	7. SINGLE	Days  , MARRIED, ED DIVORCED (Specify)	8. DATE OF BIRTI	H 9. AGE (In years)	It Under I Year   If Under 24 Hours Months: Days   Hours: Min.	
-	female   whit	N (Givekind of)		ED DIVORCED (Specify) WED OF BUSINESS OR		State or foreign country)	12. CITIZEN OF	
- W	ork done during most of working lif Housewife 13. FATHER'S NAME	e, even If retired)	at ho	INDUSTRY OME	Ireland	AIDEN NAME	WHAT COUNTRY?	
	Andrew Milton				Ann McDonag			
	15. WAS DECEASED EVER I	N U. S. ARMED give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. NO	17. INFORMANT Mrs. Joseph	F. Frese - 303	ADDRESS Wingate Rd.	
	(This does not mea- heart failure, asthen injury or complica:  ANTECE  DISEASES OR COM RISE TO THE ABOUT	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING						
	OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION							
	OF INJURY							
	deceased alive on_ 23A. SIGNATURE	8/26/53 + C. En	, 19,	and that death occur	rred at 7:00 Pm 38. ADDRESS 36 York Cour	., from the eauses and on	the date stated above.  23c. DATE SIGNED  8/28/53	
	24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	8/29/53		Parkwood Cem.		Balto. Md.		
	DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S	SIGNATU	INDIAD .	25 FUNERAL DI	· lickerier	ABBRESS	

MARGIN RESERVED FOR BINDING



24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Cremated DATE RECEIVED BY LOCAL REGISTRAR

Vs 150

240 DATE

8-27-1953

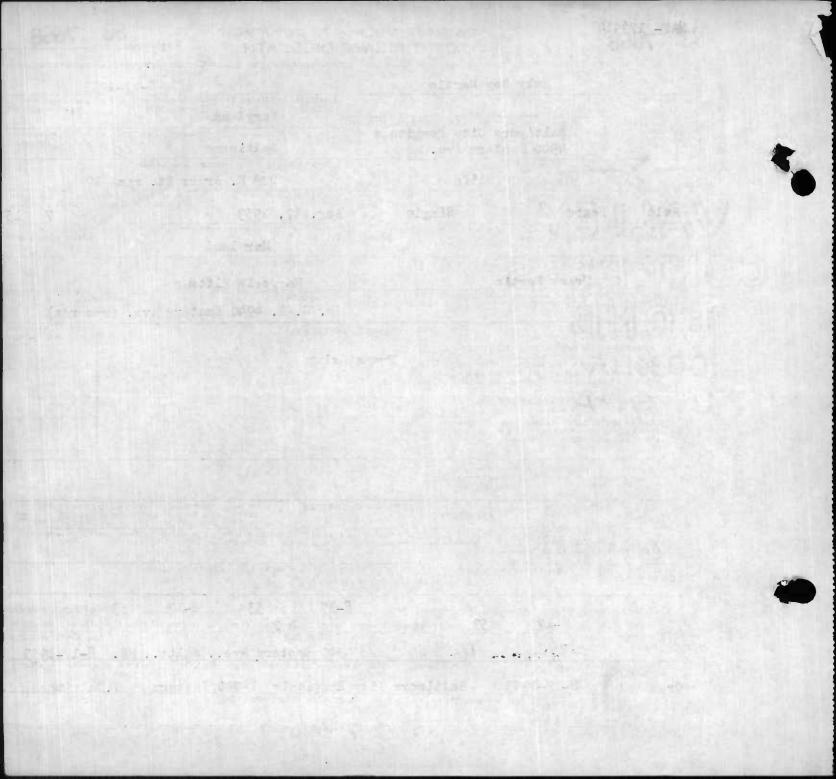
REGISTRAR'S SIGNATURE

	RTH NO.	53-1907	9 CE	RTIFICATI	E OF D	EATH	Re
/T	ype or Print	DECEASED Baby	Boy Martin	1			2. DAT OF DEA
dd A.	PLACE OF Baltimore	City, Maryland	aj or institution, gi	ve street address or	4. USUAL A. STATE	RESIDENCE (	Where dece
ully s	SPITAL OF STITUTION	Baltime	spitalestion)	c. CITY OR TOWN (If outside		If outside co	
caref legibl	Length of	stay in Baltimore	life	Yrs. Mos. Days	o. STREET	728 N.	
uld be	sex Male	S.COLOR OR RACE	7. SINGLE, MA WIDOWED, D	RRIED, IVORCED (Specify)	Aug. 1		9. AGE iast l
		OCCUPATION (Give kind of st of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	ti. BIRTHP	LACE (State or Mary la	
7 50	. FATHER'S	Frank Mart			R'S MAIDEN I		
R BINDING	. WAS DECEA	(If yes, give war or date		SOCIAL SECURITY NO.	17. INFORM		
ITE PLAINLY, WITH UNFADING INK. Every item especially important. Physicians: please write the caumedical certification	OTHER STO THE DISEASE 19A. DATE  21A. ACCI OR CONTR DEATH (N)  21D. TIME OF INJUR  22. I here	DENT WAS UNDERLY! IBUTING CAUSE OF OTIFY MEDICAL EXAMINE  (Month) (Day) (Year)  Y  eby certify that I att	of dying, e.g., of dying, e.g., of dying, e.g., of dying, e.g., of dying, e.g., on the disease, caused death.)  SES  F ANY, GIVING STATING THE STATING THE STATING THE ASTATING THE STATING  (A) Premate DUE TO  (B)  DUE TO  (C)  FOR WHICH OF COMMAND COMMAD	PERATION  6. g., in or 21c bldg., etc.) INJ  ED 21F  (	IP OPER	NURY OC	

24c. NAME OF CEMETERY OR CREMATORY

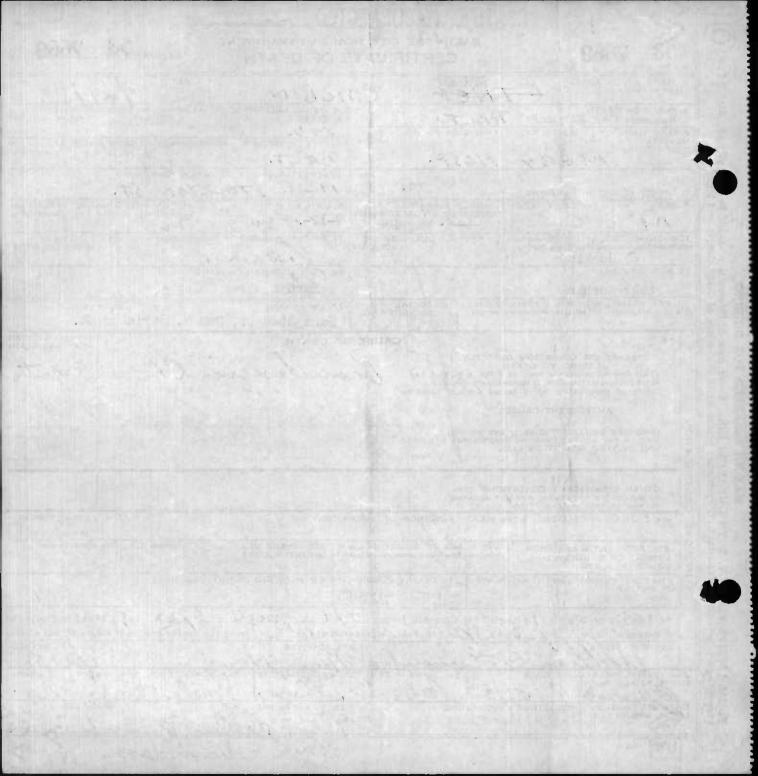
Baltimore ity Hospitals

egistered No тн 8-17-1953 ased lived. If institution : residence COUNTY before admission) rporate limits, write RUR and give (ownship) e iocation) St. zone 17 (In years | H Under | Year | H Under 24 Hours | Hours | Min. ntry) 12. CITIZEN OF WHAT COUNTRY? ADDRESS n Ave. (records) INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY7 RELATED TO ENTER IN YES itimore City, give exact location) CUR? , 1953, that I last saw the es and on the date stated above. 23c. DATE SIGNED 4940 Eastern Ave., Balto., Md 24D. LOCATION (City, town, or county) 4940 Eastern Ave. Baltimore Md 25. FUNERAL DIRECTOR ADDRESS



information

RESERVED



C-636 53 7670

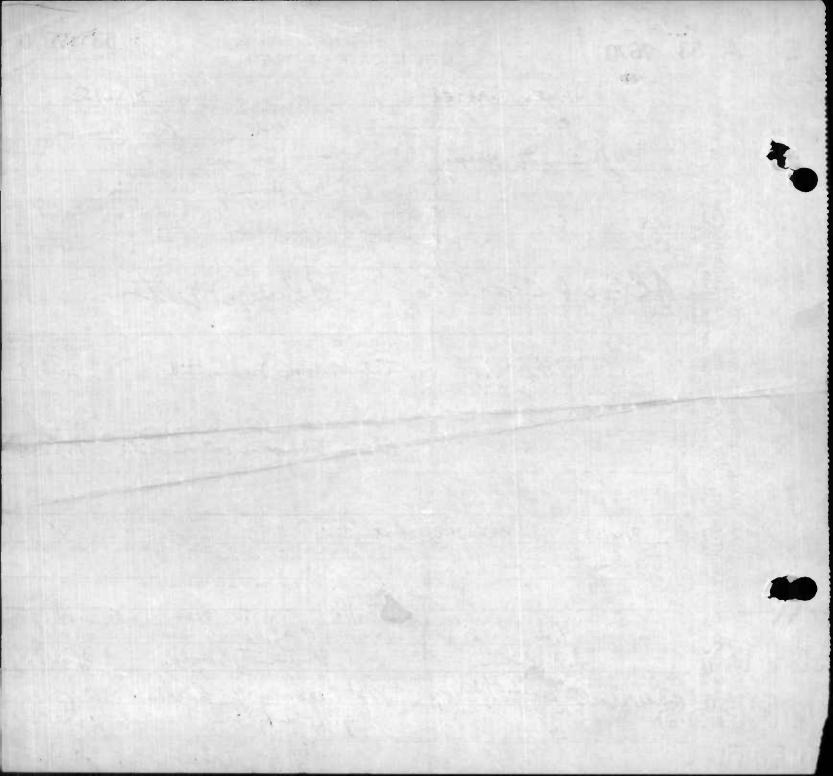
# BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 7670

E	IRTH NO.		CE	KIIFICAII	- OF D	EAIR		
1	. NAME OF D Type or Print)	JAMES	CARTER				2. DATE OF DEATH	26/53
A	. PLACE OF D . Baltimore (	City, Maryland	l or institution of	ive street address or	4. USUAL A. STATE	RESIDENCE	B. COUNTY	If institution: residence before admission)
IF	IOSPITAL OR NSTITUTION	University	Hoop.	location)	c. CITY O	R TOWN		mits, write RURAL and give township)
=	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET	ADDRESS (	rural give location)	5200
	SEX	6. COLOR OR RACE	7. SINGLE, MA WIDOWED, I		8. DATE O	F BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.
MO.	OA. USUAL OC	CCUPATION (Give kied of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHI	PLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S	NAME O	x. 7.	-	14. МОТНІ	ER'S MAIDEN	NAME OT	
	5.0/AS DECEAS	ED EVER IN U. S. ARMED (If yes, give war or date:		SOCIAL SECURITY NO.	17. INFOR	MANT /	meen	ADDRESS
-	18. 1/.0	X		CAUSE	OF DEAT	Н		INTERVAL BETWEEN ONSET AND DEATH
	(This does	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Tuberulous heavistis 2 whs?						
	Injury or	ure, asthenia, etc. It mea complication which c	aused death.)	DUE TO				
Z	DISEASE	S OR CONDITIONS, I		(B)			(g. 1000 (E. )	••••••
RTIFICATION	RISE TO 1	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE ST.	(C)	e tuha	entone o	steompelity	loyen?
L	TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO TH	E				
AL C	19A. DATE O			FOR WHICH OF		IF OPE	RATION WAS RELATED OF DEATH, ENTER	
EDIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING   CAUSE OF   about home, farm, factory, street, office bldg., etc.)   INJURY OCCUR?							
Σ		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR?  WHILE AT NOT WHILE AT AT WORK AT WORK						
		22. I hereby certify that I attended the deceased from 8/18, 1953, to 8/26, 1953, that I last saw the deceased alive on 8/26, 1953, and that death occurred at 922 m., from the causes and on the date stated above.						
	23A. SIGNA				3B. DDRE		Hosp.	23c. DATE SIGNED 8/27/53
T	24A. BURIAL.	CREMA- Specify	8/19/240.		RY OR CREM	ATORY 24D.	LOCATION (City, to	wn, or county) (State)
	DATE RECEIVE		S SIGNATURE	7 /200-0	Meb	RAL DIRECTOR	Fundal	ADDRESS HOME TO

VS 150

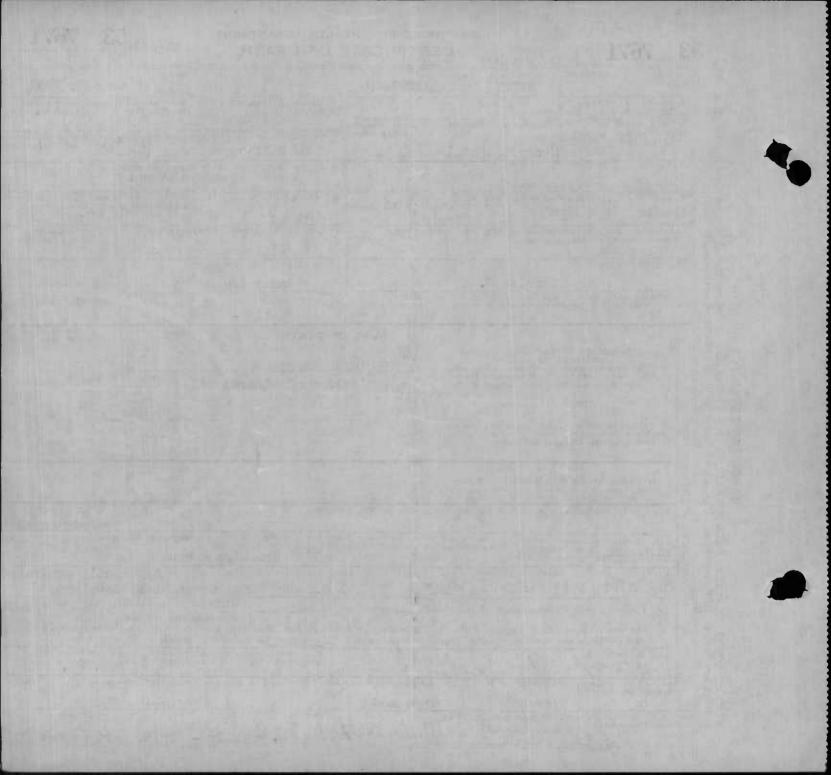
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LOCAL REGISTRAR

ADDRESS



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AB-E	5127 63	
3 1	7672	
BIRTH	NO.	

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 30 7672

BIRTH	76/2 No.			CERTIFICAT	E OF DEA	ATH	Registered No.	1016
1. NAM (Type or	E OF DE	RO	bert R	obertson			OF Aug. 2	6-1953
A. Balt	imore C	ity, Maryland	l or institut	tion, give street address or	A. STATE		re deceased lived, If inst	
HOSPIT	UTION 3	Baltimore Cit 4940 Eastern	y Hosp	itals location)			tside corporate limits, v	rito tURAL and giv township
21				Yrs. Mos.			a give location)	
		ay in Baltimore	Li	Days Days			spitals-4940	
S. SEX		6. COLOR OR RACE	WIDOV	e, married, ved, divorced (Specify) <b>vorced</b>	Aug. 12-	1906	AGE (In years last birthday) Month	
IOA. US ork done d	BURNE	CUPATION (Give kind of working life, even if retired) CR		of Business or INDUSTRY Shipyards		CE (State or fore	ign country)   12	CITIZEN OF WHAT COUNTRY
13. FAT	THER'S N				14. MOTHER'S	MAIDEN NAM	E	
		Robert Rob			Sarah I			/
15. WAS Yes, no or NO	unknown)	D EVER IN U. S. ARMED (If yes, give war or dated	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMAN Records: 38	Altimore (	Castern Averb City Hospital	RESS
1	002	× .		CAUSE	OF DEATH			INTERVAL BETWEE
		E OR CONDITION						ONSET AND BEAT
h	cart failuz	not mean the mode of e, asthenia, etc. It mea complication which c	f dying, e. : ns the diseas	se,	ry Tubercu	losis		Zyrs
		ANTECEDENT CAUS						
Z				(B)		************	***************************************	• • • • • • • • • • • • • • • • • • • •
D R	ISE TO TH	OR CONDITIONS, IF	STATING TI					
D R U	JNDERLY	ING CONDITION LA	ST.	(C)			***************************************	
		11						1
2 0	THER SIG	NIFICANT CONDITIONS DEATH BUT NOT F	CONTRIBU	UTING				
) D	ISEASE OF	R CONDITION CAUSING	IT.	***************************************				
- 1		, w	AS PERFO			PART I OR		20. AUTOPSY?
ORO	CONTRIB	NT WAS UNDERLY! UTING CAUSE OF IFY MEDICAL EXAMINE	about	B. PLACE OF INJURY ( home, farm, factory, street, office		Y OCCUR?	in Baltimore City, giv	ve exact location)
	TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR  WHILE AT NOT WHI WORK AT WOR	LE	OW DID INJUI	RY OCCUR?	
22	I boroh	u contifu that I att	anded the	deceased from 8-		9 51 to 8-2	.6, 19 <b>53</b> , t	that I last sam th
dec	rased al	ive on 8-26-	1953	and that death occur	rred at 8 P	m. from the	causes and on the	date stated above
	. SIGNAT		_ /\-	1.2	38. ADDRESS		ltimore,Md.	23c, DATE SIGNED
24A. B	URIAL, C	REMA- 248. DATE		24c. NAME OF CEMETE				
HON, RE	B B	8/29/53		HOLY CROSS		RA.	LTIMORE	
	RECEIVE		SSIGNATI		25. FUNERAL	DIRECTOR		DDRESS
LOCAL	Q Q	Thank		Min.	James L.	McCully -	I30 E. Fort	Avenue
V	S 150	9	05 3	· · · · · · · · · · · · · · · · · · ·	6 7	3		
		TO STATE OF		69m	211	-		
				0/00				

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The

M	- "	30	0
53 BIRTH	76 No.	73	
1. NAN	1E OF	DECEA	SED

#### BALTIMORE CITY HEALTH DEPARTMENT

	53	7673
egistered	No	

53 7673	CERTIFICAT	E OF DEATH	Registered No.	70.0
BIRTH NO.  1. NAME OF DECEASED		2	DATE	
(Type or Print)	da, Josephine		OF	26 1052
3. PLACE OF DEATH: A. Baltimore City, Maryland	ua, nosephine	4. USUAL RESIDENCE (When	e deceased fived, If inst	itution : residence before admission
B. FULL NAME OF (If not in hospital	or institution, give street address or	Maryland		
ANGE GOETAL OF	location)	C. CITY OR TOWN (If out	side corporate limi's, w	rite RURAL and giv
St. Jose	ph's Hospital	Baltimore		0
H	Yrs. Mos.	D. STREET ADDRESS (If rure	l, give location)	
c. Length of stay in Baltimore	45 yr. Days	906 Fawn	Street	
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	DEC. 15. 1479	last birthday) Months	I Vent   H Under 24 Hours Days   Hours   Min.
Female White	Widowed		73   8	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forcig	(n country) 12.	CITIZEN OF WHAT COUNTRY
Hwfe.	Own home	Italy		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Guglielmo Scarlatt		Matilde ?		
15. WAS DECEASED EVER IN U. S. ARMED F (Yes, nn or nnknown) (If yes, give wer or detes o	ORCES7 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDF	RESS
no		Anna Mirabile 2	915 North	ern PKwy
18. 420.1 and 260	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart fallure, asthenia, etc. It means injury or complication which cau	dying, e.g., (A)Coro	onary occlusion		•
ANTECEDENT CAUSE:  O DISEASES OR CONDITIONS, IF A CONDITION AST UNDERLYING CONDITION LAST UNDERL	(B) Gene	eralized arterioscle	rosis	
OTHER SIGNIFICANT CONDITI	T RELATED Dia	etes mellitus		
19a. DATE OF OPERATION 0 198	MAJOR FINDINGS OF OPER			YES NO X
V 21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in etc.) INJURY OCCUR?	Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (1	Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY O	CCUR?	
OF INJURY	m. WHILE AT NOT WHILE			
22. I hereby certify that I atter		pust 25 , 19 53 to Augu	st 26 , 19 53 ti	hat I last saw th
deceased alive on August 26				
23A. SIGNATURE		23B. ADDRESS		3c. DATE SIGNED
Carlos Form	м. D.	1000 N. Carolino St	reet	Aug. 26, 15

TION, REMOVAL (Specify) Burial
DATE RECEIVED BY
LOCAL REGISTRAR Aug. 25 1957 NE

CATHDRAL CEMETERY BEI

322 S.High St.

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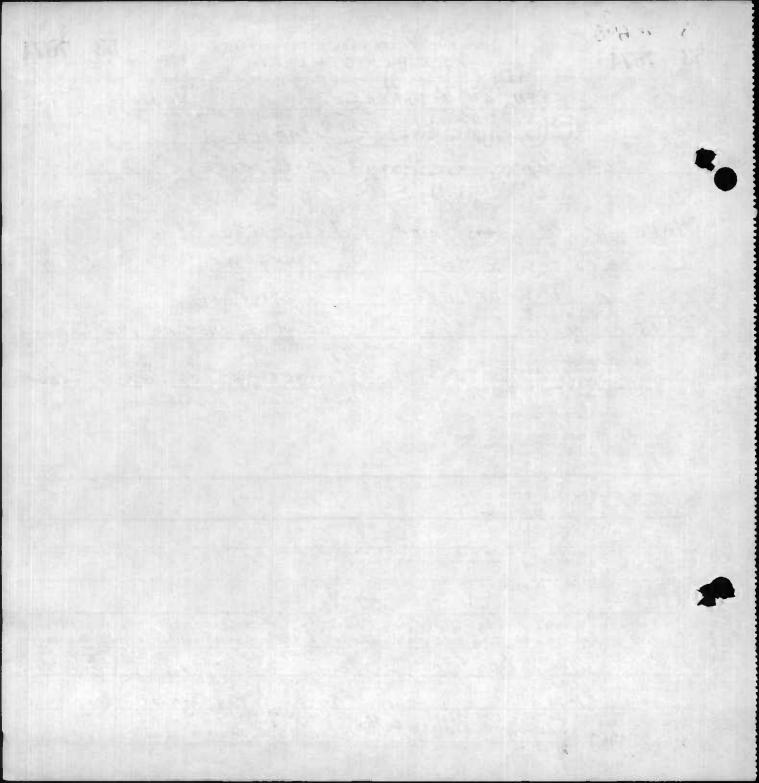
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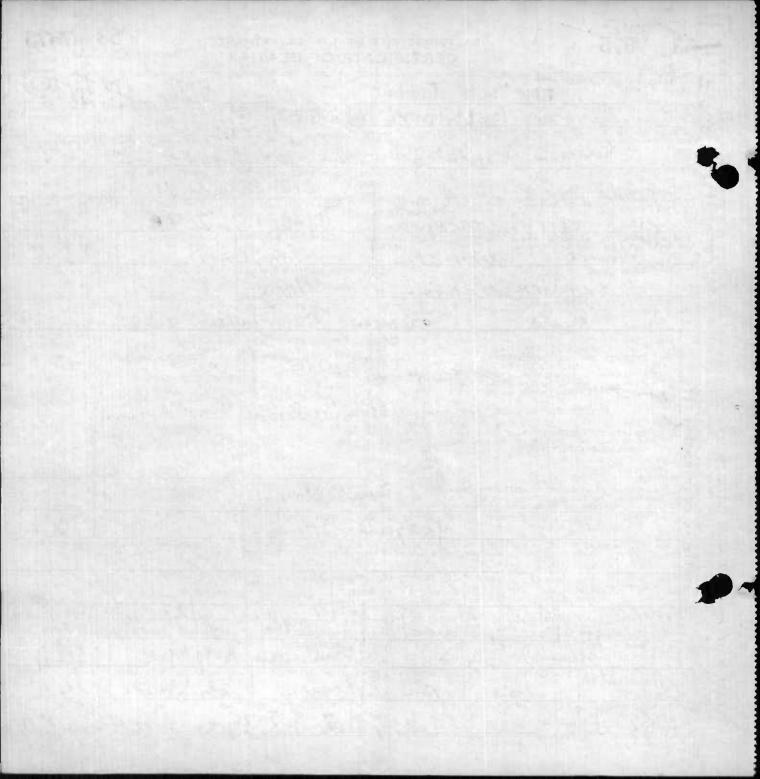
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ally supplied.	Ja
ry item of information should be c	special portant. Physicians: please write the causes of death clearly and legici
NK. Eve	ease write
I UNFADING I	Physicians: pl
W. WITH	portant.
PLEASE WRITE PLA	correct age is especial

5	3 7674  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.	3 7674
	1. NAME OF DECEASED BENJAMIN WHEELER 2. DATE OF DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, if institute of the control	27 1953 itution: residence before admission
3	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION (If outside corporate lipid with the composition) (If outside corporate lipid with the corporate lipid with the composition) (If outside corporate	
=	c. Length of stay in Baltimore  60 y RS  Days  C. Length of stay in Baltimore  60 y RS  Days  C. Length of stay in Baltimore	Pond Tond Theat Ill Under 24 Hours
	MALE WHITE WIDOWED Wel. 1,1870 82	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME  EURN D. WHEELER  15. WAS DECEASED EVER IN H. S. ASHED FORCES LER  15. WAS DECEASED EVER IN H. S. ASHED FORCES LER	7.0.77.
-	(Yes, no or unknown) (If yes, give war or dates of service) NoNE NONE NONE NONE NONE NONE NONE NONE	CRINNAL DINTERVAL BENEFICIAL DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO  ASSCUL Care  (A)  (A)  (B)  (B)  (B)  (C)  (C)  (C)  (C)  (C	- 3 Mos
	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
	C)  L  L  C  OTHER SIGNIFICANT CONDITIONS CON-  H TRIBUTING TO THE DEATH, BUT NOT RELATED  TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION	YES NO
	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give INJURY OCCUR?)	exact location)
t	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE WORK AT WORK	
	deceased alive on lug. 26, 19,53, and that death occurred at 6:18 Pm., from the causes and on the d	rat I last saw th late stated above 30 DATE SIGNED
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or TION, BEMOVAL (Specify)	ARYLAND.
	AUG 291953 Tuntingon Walliam & GEORGE L. Schwab 2101 FREE	LERICK AUE.



		52 7675 BALTIMORE CITY HEALTH	H DEPARTMENT	53	7675
The	De	BIRTH NO. CERTIFICATE OF		Registered No	7070
1.01	1.	1. NAME OF DECEASED Frietsch Tillie		DATE 8/27	11953
supplied	A.	A. Baltimore City, Maryland [3 att   11 ore   19]. A. ST	SUAL RESIDENCE (Where	B. COUNTY	ion: residence before admission)
ully	H L	HOSPITAL OR July an Hospital of Musland	BALTIMON	de corporate limits, write	RUMA E and give
lega		c. Length of stay in Baltimore	312 Stimon	fu. 23	
ould b		5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED SINGLED (Specify) 8. DA 11	29/77 73	AGE (In years   If Under 1 Y last birthday)   Months D	
on sh	#OF	work done during most of porking life, even if retired)  No MESTIC	ARYLANC		HAT COUNTRY?
death		HLEXANDER HERGET	MARY ?		
Every item of information should be vrite the causes of death clearly and		15. WAS DÉCEASED EVER IN U. S. ARMED FORCES? (Yes, no or naknown)  No N & SECURITY NO.  17. IN  21501-8625	Geo. Maietsch	312 Stins	^ /
item he cau		18. 420.0 CAUSE OF D DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EATH On 'O.		TERVAL BETWEEN ISET AND DEATH
Every write tl		(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	rlyohe hear	, A	
INK. please w	Z		illiohic hear	1 disease	•••••
NG II	CATIO	UNDERLYING CONDITION LAST.			
UNFADING Physicians: p	RTIFI	OTHER SIGNIFICANT CONDITIONS CON-			
Phy	CE		17111		O. AUTOPSY?
WITH rtant.	CAL	8 25 53 Jymackeds	IC. WHERE DID (If in	Baltimore City, give ex-	ect location)
Y, WITH	MEDI	리 HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) 기계	NJURY OCCUR?		
a C	-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2  OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	1F. HOW DID INJURY OC	CUR?	
TE PL especia		deceased align on 19 22. I hereby certify that hattended, the deceased from deceased align on 19 23, and that death occurred at	1955 to 1 t 0:85 an., from the co		I last saw the
PLEASE WRITE correct age is esp		23A. SIGNATUTE Cining Cain M.D. Jul	Geran Honz	i/al   23c	P 27/53
ASE ct ag	TI	24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR OF INC. REMOVAL (Specify) 8-31-53 NEW Cathed	RAL 1304	TION (City, town, or cour	Md. (State)
PLEAS	DL	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. F	UNERAL DIRECTOR	2101 Frede	
	-	VS 150		3.57.7.355	



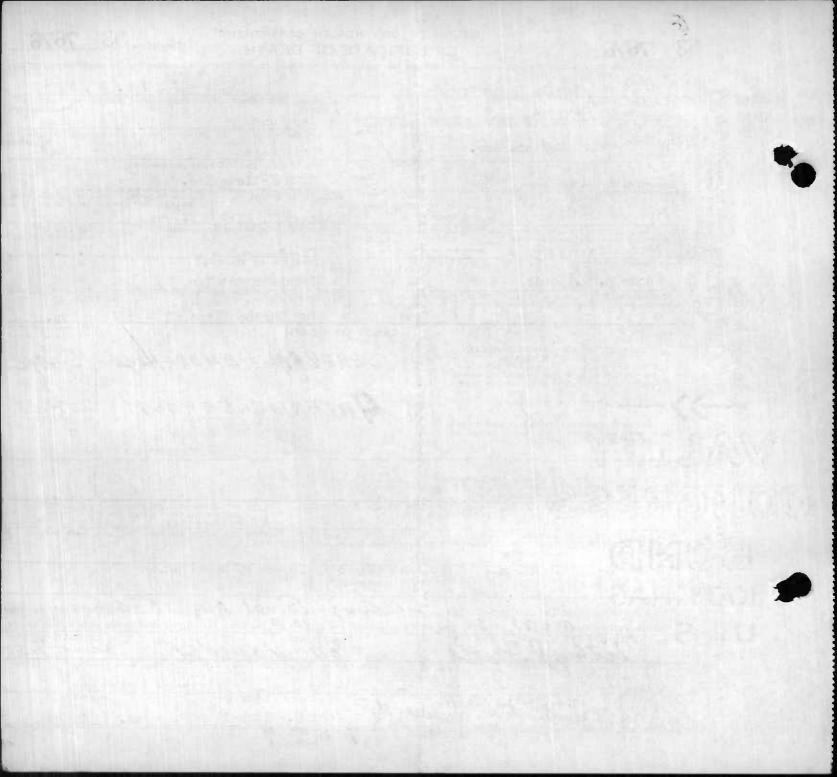
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53 BIRTH	76	76	

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## BALTIMORE CITY HEALTH DEPARTMENT

5.3

BIRTH NO.	6	Note	CERTIFICATE	E OF DEA	ТН	Registered	No.
1. NAME OF D (Type or Print)	ECEASED Stella Le	wis Eve	ns			OF Aug	;• 27, 1953
	City, Maryland			4. USUAL RESI A. STATE Marylar		re deceased lived. B. COUNTY	If institution: residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	6029 Bellona		on, give street address or location)	c. CITY OR TOW	/N (If our	tside corporate lin	nits, write RURAL and g
c. Length of s	tay in Baltimore	65	Yrs. Mos. Days	6029 Be	RESS (If rur llona Av		
5. SEX	6.COLOR OR RACE White	WIDOW	MARRIED. ED. DIVORCED (Specify) lowed	August 2.		last birthday)	If Under 1 Year   If Under 24 H Months Days Hours M
10A. USUAL OC work done during most Housew	CUPATION (Give kind of of working life, even if retired)  ife	10B. KIND	OF BUSINESS OR INDUSTRY	Maryland	(State or forei		12. CITIZEN OF WHAT COUNTS
13. FATHER'S I	W. W. Lewis			14. MOTHER'S N	th Bottle		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEE (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT		ns 6029 Be	ADDRESS
RISE TO TUNDERLY	ANTECEDENT CAUSE S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SNIFICANT CONDITIONS	F ANY, GIVIN STATING TH ST.	(C)	gTER/O	ScLE	ROSIS	209x,
TO THE DISEASE OF		IT. 9B. CONDI	TION FOR WHICH OF	PERATION		N WAS RELATED	
OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about	RMED  PLACE OF INJURY ( bome, farm, factory, street, office	e. g., in or 21c. WH bldg., etc.) INJURY		PART II	ty, give exact location)
21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 2	WHILE AT NOT WHILE AT WORK	E	W DID INJUI	RY OCCUR?	
deceased a	live on Aug 27	ended the _, 19 <b>53</b>	deceased from and that death occur	red at 10. P	53 to AU	causes and on	the date stated abo
23A. SIGNA	thus &	ane	M. D.	800W	33 44 RY 24D, LOC	SY-	wn, or coupy) (Sta
24A. BURIAL. TION. REMOVAL (S Cremat		29. 195		nt Cremator	Balt		aryland Appress
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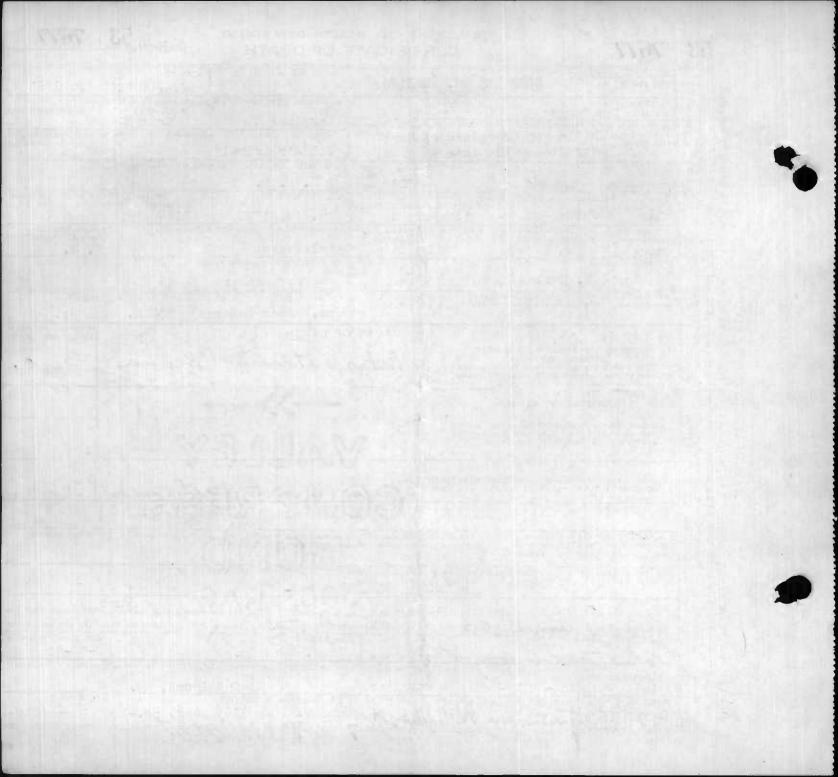
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# BALTIMORE CITY HEALTH DEPARTMENT

52	17	0	miles	1
Registered No	-	U	11	

The The	3	767.7	CERTIFICA	TE OF DE	ATH Registered	7077
	1.	NAME OF DECEASED SUSANNA	AH G. HARLAN		2. DATE OF DEATH Augus	st 28, 1953
supplied	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or		A. STATE	ESIDENCE (Where deceased lived, If B. COUNTY Ad Harford	institution: residence before admission)
S	HC	OSPITAL OR Hillcrest Cons	valescent Home		TOWN (If outside corporate limit	s, write RURAL and give
ully y.	IN	212 Stoney Rur		Bel Air	r (rural)	township)
e carefully il legibly.	C.	. Length of stay in Baltimore	M M	rs. D. STREET A	ADDRESS (If rural, give location) D. 1	,200
be		SEX 6. COLOR OR RACE   7. S	SINGLE, MARRIED, WIDOWED, DIVORCED (Spe	8. DATE OF	BIRTH 9. AGE (In years   last hinthday) Mo	under 1 Yess   ff Under 24 Hours   nths: Days   Hours   Min.
should be early and le	f	Cemale white	single	Nov. 19,	, 1871 81	nths: Days Hours Min.
clearly	10	DA. USUAL OCCUPATION (Give kind of h done during most of working life, even if retired)	B. KIND OF BUSINESS OF	R II. BIRTHPL	ACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
n select	11 01	none	111000	Baltimo	ore	U. S.
tio th	13	3. FATHER'S NAME		14. MOTHER	S MAIDEN NAME	
information s of death cl		George S. Harlan		Mary	y Archer	
of c	15	5. WAS DECEASED EVER IN U. S. ARMED FOR es, no or unknown) (If yee, give war or dates of se	RCES? 16. SOCIAL ervice) SECURITY N	17. INFORMA	ANT A	DDRESS
em of ir	(100	S, EO OF GULLUWII)	SECURITI IN	Mrs. Osc	car Lemoyne 535 W.	40th St.
ADING INK. Every item icians: please write the cau	TIFICATION	LEADING TO DEATH  (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.	he disease, ed death.) DUE TO  (B)	•	neel sarcona	3,00
UNFADING Physicians:	ER		TED TO THE	isselero	tie Pent Disea	350.
H	AL C	19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH PERFORMED		IF OPERATION WAS RELATED T CAUSE OF DEATH, ENTER I PART I OR PART II	N YES NO
Important.	TEDICAL	DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJUR about home, farm, factory, street,		WHERE DID (If in Baltimore City, JRY OCCUR?	give exact location)
PLAINLY ecially imp	Σ	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	WHILE AT NOT	JRRED 21F. T WHILE WORK	HOW DID INJURY OCCUR?	
~		22. I hereby certify that I attend	led the deceased from_	aug 12	, 1957, to ang 28, 195	That I last saw the
TE		deceased alive on Cana 23, 19	95 2. and that death o	courred at 8.11	on, from the causes and on t	he date stated above.
RI		23. SIGNATUR	4.	238. ADDRESS 11 W. 29		8-29-53
On the	- 2	4A. BURIAL, CREMA- 24B. DATE	M. D		TORY   24D. LOCATION (City, town	
田田田	Th	ION, REMOVAL (Specify)				
A 0	11		53 Loudon Par		Baltimore, Md.	ADDRESS
PLEAS correct	L	OCAL REGISTRAN	WII: MA M		tchell & Sons, Inc19	

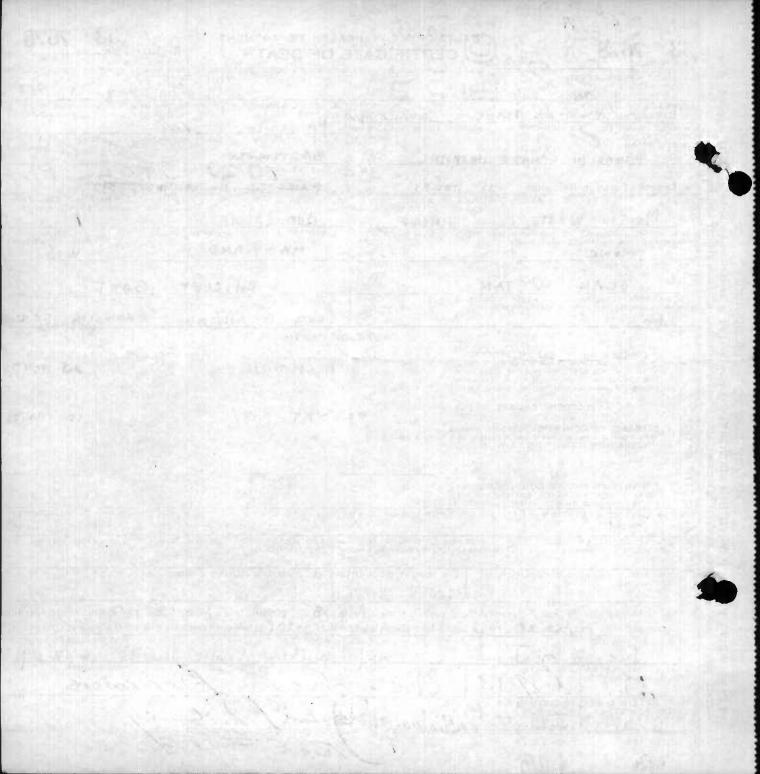
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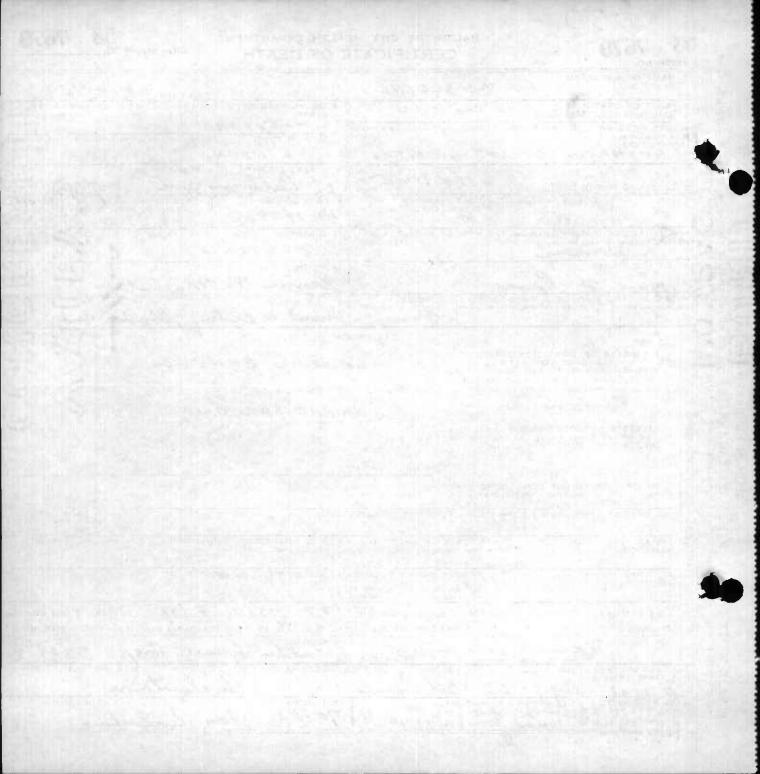
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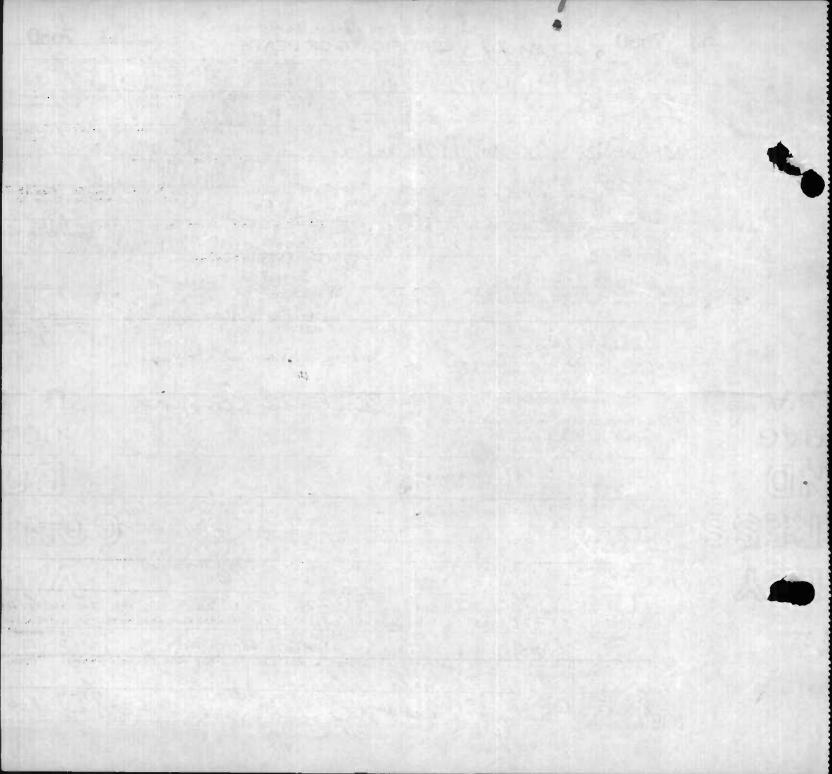
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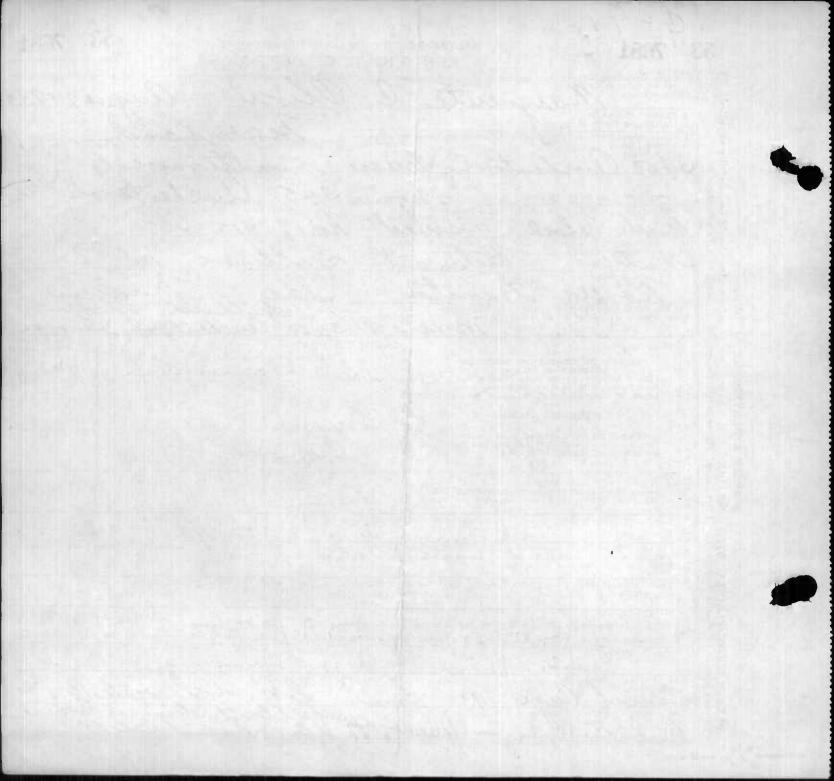


1	5 2	30					EO MONO
							53 7679
В	IRTH NO.	O		CERTIFICAT	E OF DEATH	Registered N	10,
1 (5	NAME OF D	ECEASED	MMA	SCOTNEY		2. DATE OF DEATH	129/5-3
A		City, Maryland		PITAL	A. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY before admission)		
II H	FULL NAME OSPITAL OR	OF (If not in hos	pital or institu	ntion, give street address or location)			
15	FRAN	IKLIN SA	UARE	HOSPITAL	GZYNDO.	W	township
- Contraction of		tay in Baltimore		FETIME Mos. Days	D. STREET ADDRESS (If rural, give location) 17 Bellvein ave 5300		
5	SEX	6. COLOR OR RAC		LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH Nov. 14, 1884  9. AGE (In years in Under 1 Year Months: Days Hours: Min.		
10 wor	k done during most	CCUPATION (Give kine of rorking life, even if ectir	lof 108, KIN ed)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	,	12. CITIZEN OF WHAT COUNTRY
1:	FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
	Seo. Ih Penn				Emma M Ma Culley 17, INFORMANT ADDRESS		
d'	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL, no or nmknown) (If yes, give war or dates of service) SECURITY NO.				17, INFORMANT	AI	DERESS
	The Dubut M Scatney, Glynden mot						w rust
	18. 20	0.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY						
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  LEADING TO DEATH  (A)  LEURA L EFFUSION  (A)  DUE TO						
		ANTECEDENT CA	USES	/ V	MPHO SARCE	OMA	
ATION	RISE TO	S OR CONDITIONS	A) STATING	(B) ING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
FICA	UNDERLYING CONDITION LAST.						
E	(c)						
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A, DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY?
V	21A. ACCIDENT. SUICIDE.   21B. PLACE OF INJURY (e.g., in or   21c. WHERE DID (If in Baltimore City, g						YES NO
/EDI	HOMICIDE	(Specify)		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,		(If in Baltimore City, g	rive exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?						
	MHILE AT NOT WHILE IN WORK AT WORK						
	22. I hereby certify that I attended the deceased from 7/22, 1953, to 8/29, 1953, that I last saw t						
	deceased alive on 7/29, 19 53, and that death occurred at 6:08 m., from the causes and on the date stated a						
	23A. SIGNA	TURE Rud	you	E HASD, M. D.	Franklin Sq	ware Hosp	8 29 5
	4A. BURIAL.			24c. NAME OF CEMETE	ERY OR CREMATORY 24D	LOCATION (City, lown,	or county) (State)
-	Buria	1 ay 3.	1-53	all Saints	10	ustrictor	
	ATE RECEIVE		R'S SIGNAT	URE.	25. FUNERAL DIRECTOR		ADDRESS



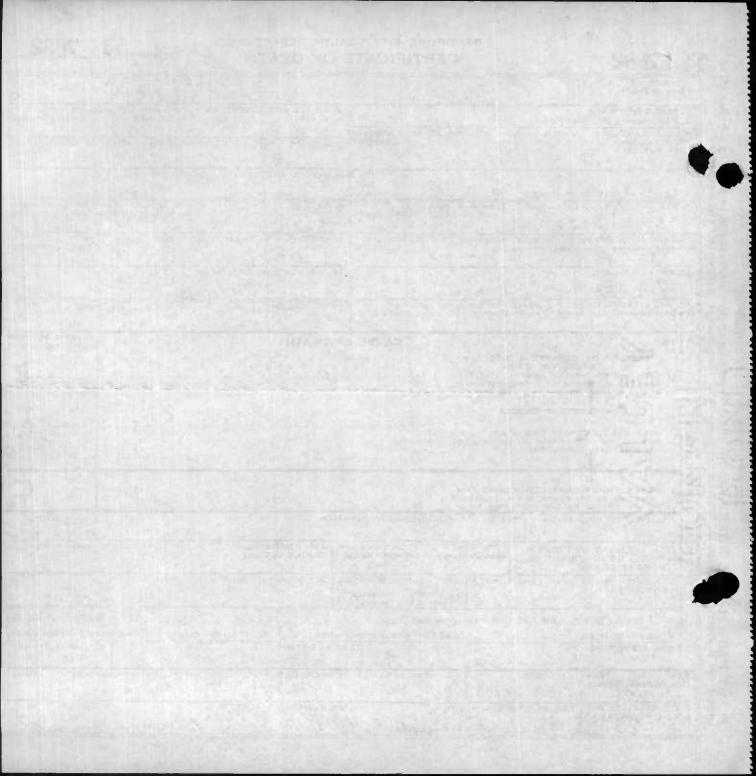


Registered No. DEATULUU 4. USUAL RESIDENCE (Where deceased liver, if institution: residence A. STATE COUNTY before admissi before admission write RUBATh Months Day Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF MJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 27, 195 that I last saw the 1953, and that death occurred at 10 1, m., from the causes and on the date stated above. 23c. DATE SIGNED State VS 150



The	3	J - 5 RTH 7682	63				OF DEATH	T Registere	53 7	7682
	1. (T)	NAME OF DI	6 FOR OL	- 16/	VSON			2. DATE OF DEATH	26/13	>
supplied.	A.		ity, Maryland			Α.	STATE	(Where deceased lived B. COUNTY		: residence ore admission
ally su	HC	FULL NAME OSPITAL OR ISTITUTION	MERCY	Hospital	on, give strect addres		CITY OR TOWN	(If outside corporate I	imits, write RI	JRAL and give township
e c. legibly	C	Length of st	mo.	Life	Y: M		27, 0	If rural, give location	-	
ld be		SEX	6. COLOR OR RACE	WIDQWI	MARRIED, ED, DIVORCED (Spe	8.	DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	If Under 24 Hours Hours Min.
information should to death clearly an			CUPATION (Give kind of working life, even if retired	1 10B. KIND	OF BUSINESS OF		BIRTHPLACE (State of	r foreign country)	12. CITI	ZEN OF T COUNTRY
	13	ANDRI		hason		14	MOTHER'S MAIDEN	NAME KNOWN)	1 0()	/
em of inform	15 (Yes	. WAS DECEASE	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO	).	INFORMANT	(NONN)	ADDRESS	
INK. Every it please write the	FICATION	DISEASES	DE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU GOR CONDITIONS, HE ABDVE CAUSE (A TING CONDITION L	ATH of dying, e. g. ans the disease caused death. SES IF ANY, GIVING STATING TH	) DUE TO	B, Veni	rn chopnen ralized Ar	morià. Luxulioris		T AND DEATH
UNFADING Physicians:	CERTIF	TRIBUTING	II IGNIFICANT CONE TO THE DEATH, BUT SEASE OR CONDITIO	NOT RELATE	0	Fa	rkinson isn	·	v	
	AL	19a. DATE O	F OPERATION O	19B. MAJOR	FINDINGS OF O	PERAT	ION		20. YES	AUTOPSY?
Y, WITH	MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	2 .1 .	CE OF INJURY (e. rm,factory,street,office b			(If in Baltimore Ci	ty, give exact	location)
	_	21D. TIME ( OF INJURY	Month) (Day) (Year		HILE AT NOT WE WORK AT WO	ILE	21F, HOW DID INJU	RY OCCUR?		
(TE Pl. especia		deceased al		tended the	deceased from and that death or		7 , 1953, to dat L'OS m., fron	the causes and o		tated above
WR]		23A. SIGNAT	C 17- 1	May	M. D.		ADDRESS MULLY	LOCATION (City, to	5/2	ATE SIGNED  (State)
PLEASE correct a		4A. BURIAL. (SON REMOVAL (SON REMOVAL (SON RIAL ATE RECEIVE	ang		OLD Beth	el c	m 4m // -	T. MEAD		d.
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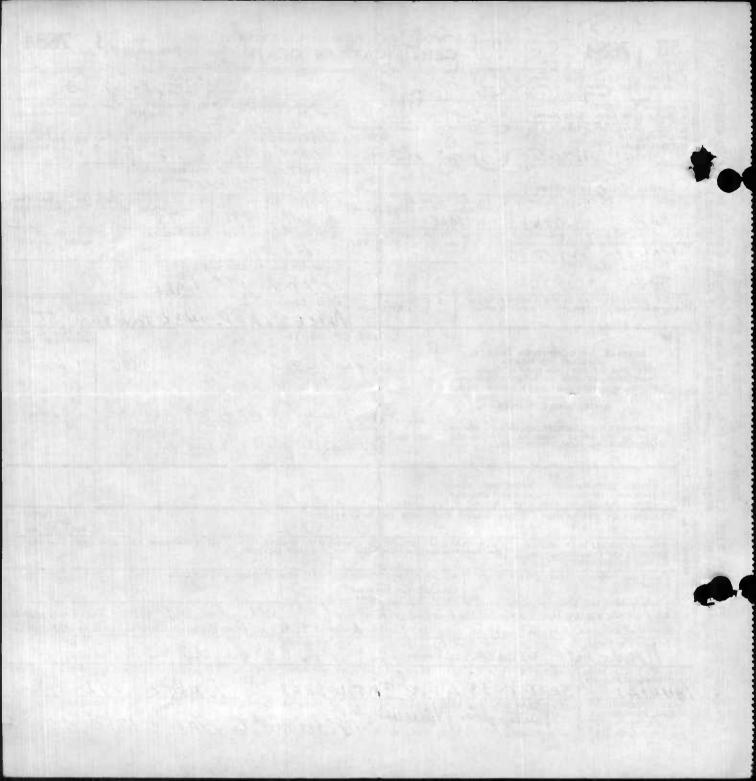
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-	3	76.93	EALTH DEPARTMENT 53 7683							
	BI	RTH NO.	E OF DEATH Registered No.							
		NAME_OF_DECEASED	2. DATE							
	(T;	ype or Print) JOHN U. Ritchie	DEATH QUQUET 28,1953							
		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, if institution; residence  B. COUNTY before admission)							
		Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	0.1-10.1							
	HO	STITUTION LUTHERAM HOSPITAL location	C. CITY OR TOWN (If outside corporate limity, write RURAL and give							
	1	730 ASHBURTON ST. BAITIMORE	Baltimore City 19-0 Stownship)							
	7	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)							
al le		Length of stay in Baltimore 6 Us. Days								
ana		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)								
- 11		Male White Widowed Specity	JAN. 13, 1894 59							
clearly	work	A. USUAL OCCUPATION (Givekindof done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY								
- 11		DIUMAER	Wilmington, DelowaRE AMERICAN							
each	13	FATHER'S NAME	14. MOTHER MAIDEN NAME							
an	10	John Ritchie	HANAH M. Under wood							
10	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS							
causes		221-06608	John Ritchie JR. 17 S: Calhounst.							
an		18. 154 X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH							
cue		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	71							
- 11		(This does not mean the mode of dying, e.g., (A)	ormany unpusses							
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
1		ANTECEDENT CAUSES								
piease	Z	Z (B) Cupua yay relian								
ble	F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
IS:	S	UNDERLYING CONDITION LAST.								
rnysicians:	TIFI	(C)								
ASIC	DE	OTHER SIGNIFICANT CONDITIONS CON-								
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
	_	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 24 1013	cinous of the Rectum. 20. AUTOPSY?							
ant	CA	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (e.g.,	125							
mportant.	EDICAL	HOMICIDE (Specify) about home, farm, factory, at reet, office bidg.,								
mp	M	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURE	RED 21F, HOW DID INJURY OCCUR?							
7		OF INJURY WHILE AT NOT WHILE								
35		m. work Atwork								
bec			ugust 18, 19 53, to lug. 78, 19 B, that I last saw the							
esp			arred at 12:30 pm., from the causes and on the date stated above.							
133		( none of Ame	Lutheran Hospital ang. 28, 453							
age	24	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	7.750							
	TIC	Burial 9-1-53 Salem	Wilmington, Del							
correct	D									
00	LO	CAL REGISTRAR HE TO WHI AND	Howard H. Rubbard, 2503 Edmondson Ave							
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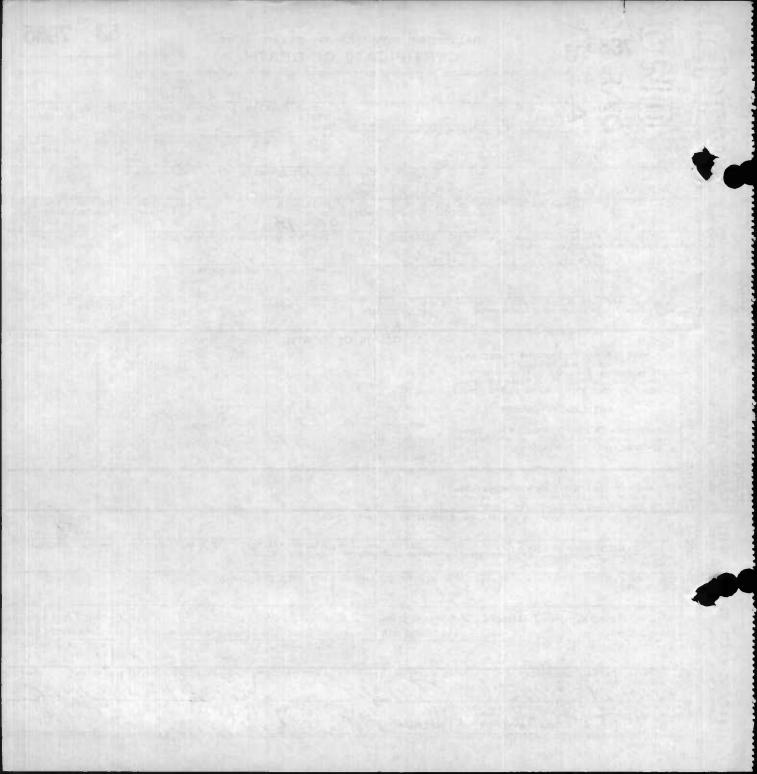
	fully supplied.	er
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. Y, WITH UNFADING INK. Every item of information should be fully supplied	tant. Physicians: please write the causes of death clearly and
	LY, I	Impor
	PLEASE WRITE PL	orrect age is especial

	I	53 76	884	BAI	TIMORE CITY HI			Registered No.	3 7684	
		RTH NO.	204		CERTIFICAT	E OF DEAT	H	Registered No.		
1	1.	NAME OF D		ARK				DATE OF 8- 29	-53	
	3. A.	PLACE OF D Baltimore (				4. USUAL RESIDE	ENCE (Where		stitution : residence before admission)	
	B. HC	FULL NAME	OF (If not in hospit	al or institut	ion, give street address or location)			de correcte/limits.	write RURA, and give	
	IN	SOUTH	BALTIMORE	GENER		BALTIMO		14	township)	
erin	· 1	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRE	OWSON S			
and l		SEX FR. IM	6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	B. DATE OF BIRTH	845 9.4	AGE (In years     Un last birthday)   Mont	der I Year   N Under 24 Hours hs: Days   Hours   Min.	
clearly		done during most	CUPATION (Give kind of of working life, even if retired)			11. BIRTHPLACE		country) 12	2. CITIZEN OF WHAT COUNTRY?	
	13	HOUSE.				14. MOTHER'S MA				
death		JOHN	COLEMAN			MARY	Meh	ALE		
of	15 (Yes	. WAS DECEASI	ED EVER IN U.S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS	
causes	-	10 1/0			CALISE	OF DEATH	1RK-14	136 Tows	INTERVAL BETWEEN	
ca		18. 442	SE OR CONDITION	DIRECTLY	CAUSE	OF BEATH			ONSET AND DEATH	
the		(This does	LEADING TO DEA'	TH  f dying, e. :	E. (A) Eacep	he lope Huy		about	31 hours	
write			re, asthenia, etc. It mea complication which o							
		ANTECEDENT CAUSES								
eas	Z	DISEASE	S OR CONDITIONS, I	F ANY, GIVII	NG (B) MY PUL	yearsay Gon	10 our co-	no acc acc	o gento	
ld :	ATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) Hyper Seusus Carb'o vascular div ace  (B) Ayper Seusus Carb'o vascular div ace  (C) Orderio selvious quie ral								
ans	FIC				(C)					
Physicians: please	RTI		II SIGNIFICANT CONDI S TO THE DEATH, BUT							
Ph	S	TO THE D	ISEASE OR CONDITION	CAUSING	т				Leo Muropsys	
ıt.	AL	19A. DATE C	OF OPERATION 0	98. MAJOR	FINDINGS OF OPE	RATION			20. AUTOPSY?	
important.	EDIC,	21A. ACCIE LYING O	DENT WAS UNDER- R CONTRIBUTING		ACE OF INJURY (e. g., farm, factory, street, office bldg.			Baltimore City, giv		
Im	Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURE	ED 21F. HOW DID	INJURY OC	CUR?		
				m.	WHILE AT NOT WHILE					
peci		22. I hercb	y certify that I att		deceased from au					
deceased alive on lug. 29, 1953, and that death occurred at 4: 454 m., from the causes and o								iuses and on the	date stated above.	
13		231 SIGNA	Walle Ose	nis.	femenes .	1203	Ligh	125	Aug. 24, 1917	
age	24	AA. BURIAL, ON, REMOVAL (S	Specify)		4c. NAME OF CEMETI		0	TION (City, town, or	r county) (State)	
correct		URIAL ATE RECEIVE	SEPT- I	-53Y	NEWCAT	HEDRAL 139. FUNERAL DIR		LTO 17	ADDRESS	
cor		CAL REGIST		uston	Wallacus, M	CALL DO	p 4/-	/	E WENT 3	
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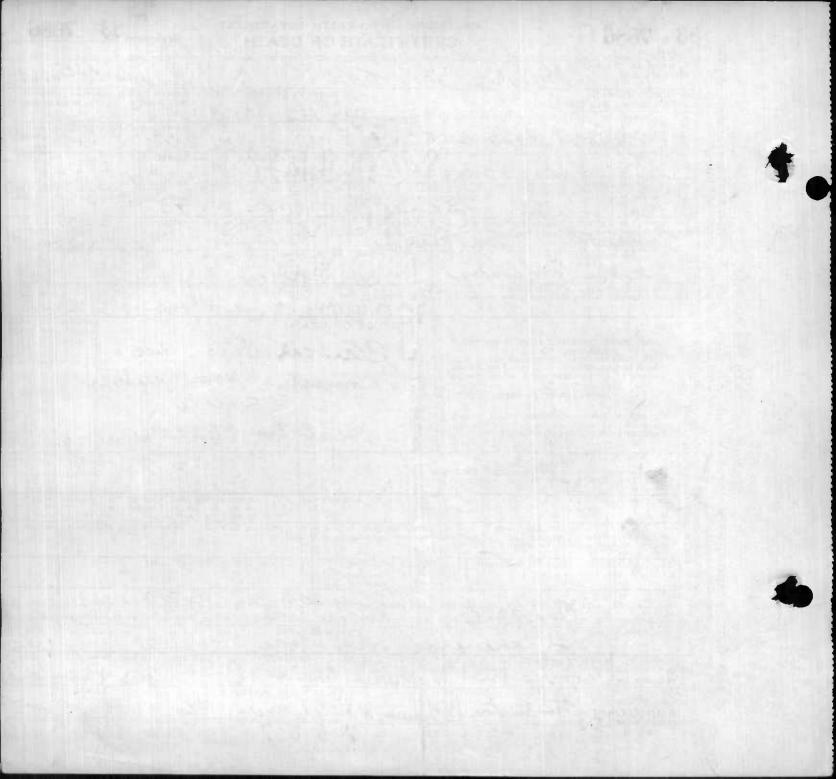


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Every item	write the car
PLEASE WRITE PLA X, WITH UNFADING INK. Every item of information sho	correct age is especification. Physicians: please write the causes of death clearly
IX, WITH	important.
E WRITE PLA	age is especi-
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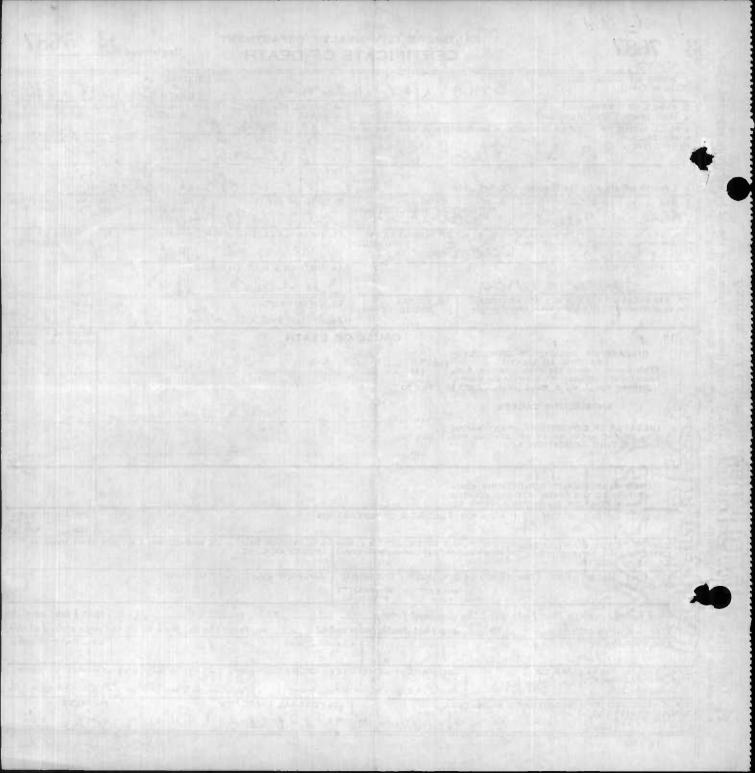
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	BALTIMORE CITY HE	53 7685
	53 7685 CERTIFICATI	ALIH DEFARIMENT
	BIRTH NO.	
	1. NAME OF DECEASED (Type or Print) LFTTIE I. FIELOS	2. DATE OF DEATH AUG 28, 1953
1	3. PLACE OF DEATH: A. Baltimore City, Maryland > E >	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
1	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
	INSTITUTION	C. CITT OR TOWN (II outside corporation in the Republic of the Company)
y	UNION MEMORIAL HOSP, TAL	BALTIMORE  O. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Syn Days	300 E. UNIVERSITY PKWY.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under 1 Year Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of the control of	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	mone mone	INDIANA USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	ELIZABETH SHAW
	(Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	MARY F. DUMEZ (DAWHER) SAME
	18. 3 3 1 V CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	OF DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A)	bros - vascular accident
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
	ANTECEDENT CAUSES	nevolezed arterioscleronis
	Z DISEASES OR CONDITIONS, IF ANY, GIVING	wronged arteriorderons
	Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
	(c)	
	E II	
	OTHER SIGNIFICANT CONDITIONS CON-	
	The Disease or Condition Causing IT.  194. DATE OF OPERATION   198. MAJOR FINDINGS OPERATION   198. MAJOR FINDINGS OPE	AATION 1 20. AUTOPSY?
	7	YES NO NO
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., c	n or 21C. WHERE DID (If in Baltimore City, give exact location) stc.) INJURY OCCUR?
	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY  WHILE AT NOT WHILE  MORK AT WORK	
		-79 , 1953, to Av6. 28 , 1953, that I last saw the
4	deceased alive on AV6 28, 1953, and that death occur	rred at 10:15 Pm., from the causes and on the date stated above.
	B. I I hoth ha	23B. ADDRESS Union Memorial Hospital AUG 28, 1953
	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)	
	TOWN REMOVAL (Specify) BUIL 3/1/3 From P	r storter-sullenma
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
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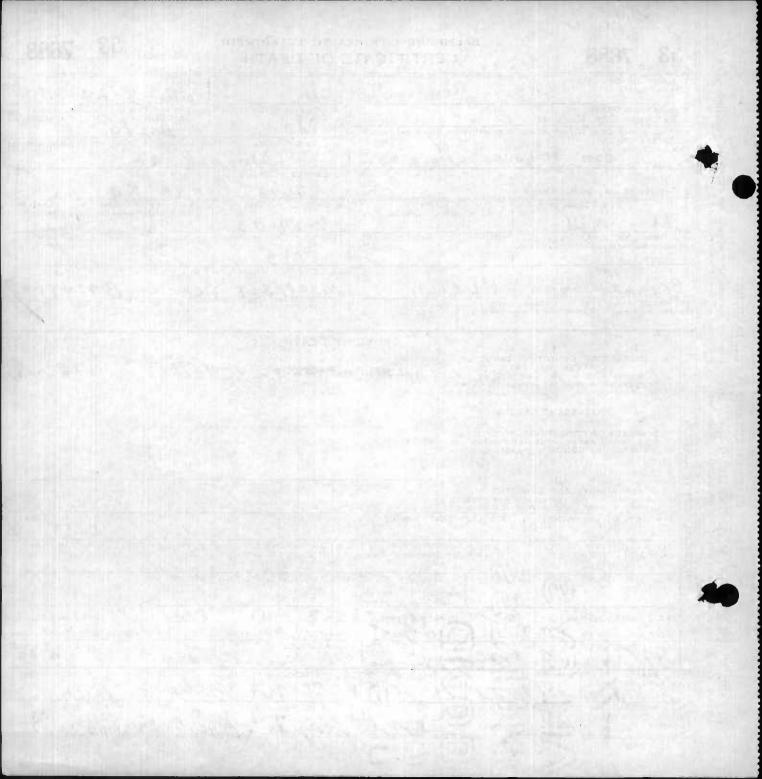
The	53 BI	H7686 BA	LTIMORE CITY HE			Registered No.	7686
	(T	NAME OF DECEASED MORRIS	HOFFMA	N .		OF CEATH LUG .	28th. 1453
carefully supplied.	A. B.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institu		A. STATE	land	B. COUNTY	before admission)
		SINAI HOSPITA	LOF BALTO.	3 att	nior	15	write HURAL and give township)
	-	Length of stay in Baltimore 354	Yrs. Mos. Days	2909	Ull ma	sive location)	15.
uld by		Mak White WIDON	LE, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRT			der 1 Year Muder 24 Hours hs Days Hours Min.
VDING information should be of death clearly and l		DA. USUAL OCCUPATION (Give kind of kdo Gduring most of working life, even if retired)  Shoe	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	country)   12	WHAT COUNTRY	
IG mati	13	Isadoe Holfman	~	14. MOTHER'S MA	AIDEN NAME		
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. A MAYED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ne Hol	mon-291	7 Uman
RESERVED FOR INK. Every item please write the can	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TUNDERLYING CONDITION LAST.	E., (A) Cooling, (B)	rebeal of state of the state of	Hear	Acc. H Jailwa O' Litus	INTERVAL BETWEEN
MARGIN UNFADING Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.					
H	AL	0 WAS PERFO				WAS RELATED TO EATH, ENTER IN ART II	YES NO
. 0	MEDIC	21A. ACCIDENT WAS UNDERLYING 21. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	B. PLACE OF INJURY ( t home, farm, factory, street, office	e.g., in or 21C. WHE bldg.,etc.) INJURY C		Baltimore City, gi	ve exact location)
PLAINLY,	2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	DID INJURY	OCCUR?	
WRITE PL ge is especia		22. I heroby certify that I attended the deceased alive on 1953	e deceased from and that death occur	yed at 2: 5 Am	3, to luga, from the ga	iuses and on the	that I last saw the date stated above 23c. DAJE SIGNED
E WR	2	J. Panka	WEBY M. D.	- Clua RY OR CREMATORY	240. LOCAT	ON (City, town, or	8/28/53
PLEASE W	7	ATE RECEIVED BY REGISTRAR'S SIGNAT	Workner	Cicle	GALLA RECTOR	mon?	Mayland
PL	Lo	AUG 291053 Huntington	Williams, M.	Tol Levins	on Be	02-1124	-26 W
		VS 150	. 4 1 7	687			



		1-6,00				
5 F	3	7687		E OF DEATH	Registered No.	3 7687.
	1. (7	NAME OF DECEASED type or Print)	Emonuel &	uray	2. DATE OF DEATH QUANT	est 28/53
ilqqu	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospita	l or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. (f) ins	titution : residence before admission
carefully supplied.	H	OSPITAL OR 817 St.	Paul St location		outside corporate limits, v	write FULAL and give
ld be caref	c.	Length of stay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (ILI	rural, give location)	et
uld be	5.	Note White	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	Sept 25, 1892	9. AGE (In years   11 Um last birthday) Month	det I Year If Under 24 Kours hs: Days Hours Min.
on shou	WOL	USUAL OCCUPATION (Give kind of Gone during most of wirking life, even if retired)	Scrap from Metal	Ballinge (State or fo	reign country)	CITIZEN OF WHAT COUNTRY
IDING information should of death clearly an		Henry Lev	lay w	gulia mo	egolis.	
BINDING of inform uses of dea	(Ye	5. WAS DECEASED EVER N. U. S. ARMED (If you give wer or dates	FORCES? 16. SOCIAL SECURITY NO.	Me Edna Lu	ray-817 3	t. Paul St
R em		18. 420.1 I DISEASE OR CONDITION E		OF DEATH	0	ONSET AND DEATH
THE THE		(This does not mean the mode of heart failure, asthenia, etc. It mean	H dying, e. g., (A)	Vonon ore	lusca	Sudda
02 P		injury or complication which es				
RESERVED FINK. Even please write	NOIL	DISEASES OR CONDITIONS, IF	ANY, GIVING STATING THE DUE TO	in gon 1953.	Leesus	
GING SING	FICA.	UNDERLYING CONDITION LAS	ST.	· · · · · · · · · · · · · · · · · · ·		
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT IN				
	ü	TO THE DISEASE OR CONDITION	CAUSING IT.	M TION		
It.	AL	19A. DATE OF OPERATION	B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
VLY, WITH important.	MEDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., about home, farm, fectory, street, office bldg.,	n or 21C. WHERE DID (Industrial Injury OCCUR?	in Baltimore City, give	
Äil	Σ	21b. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
Р	-	22. I hereby certify that I atte	/	une , 1938, to ale	428 , 1953,	that I last saw th
ITE		deccased alive on the 26	, 1953, and that death occu		re causes and on the	
WR.		Samuel wh	thorre. M.D.	1720 Euton 8	Dov.	8/28/53
PLEASE WRITE F	TU	BENOVAL (Specify) 8 130 13	3 Brails	RY OR CREMATORY 34D. LC	CATION (City, town, or	county) (State)
PLE	D.	ATE RECEIVED BY REGISTRAR'S	signature . M.	5. FUNERAL DIRECTOR	1 Bus - 1124	DDRESS
		VS 150	20	063	North	Oneme



VS 150



	0-340 53 7689 BIRTH NO. BALTIMORE CITY HE CERTIFICATE	
·n	1. NAME OF DECEASED (Type or Print)  DEWEY OUTLAW	
urddne	S. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE ( A. STATE  Mary ls
ů	HOSPITAL OR location) INSTITUTION Francident Haspital	C. CITY OR TOWN! (I
legin	c. Length of stay in Baltimore Yrs.  Days	D. STREET ADDRESS (III
y and	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9 - 22 - 14
clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or )
death	13. FATHER'S NAME  HENRY Outlan	14. MOTHER'S MAIDEN N
Jo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INPORMANT
write the causes	DISEASE OF CONDITION DIRECTLY	Subercular
5		

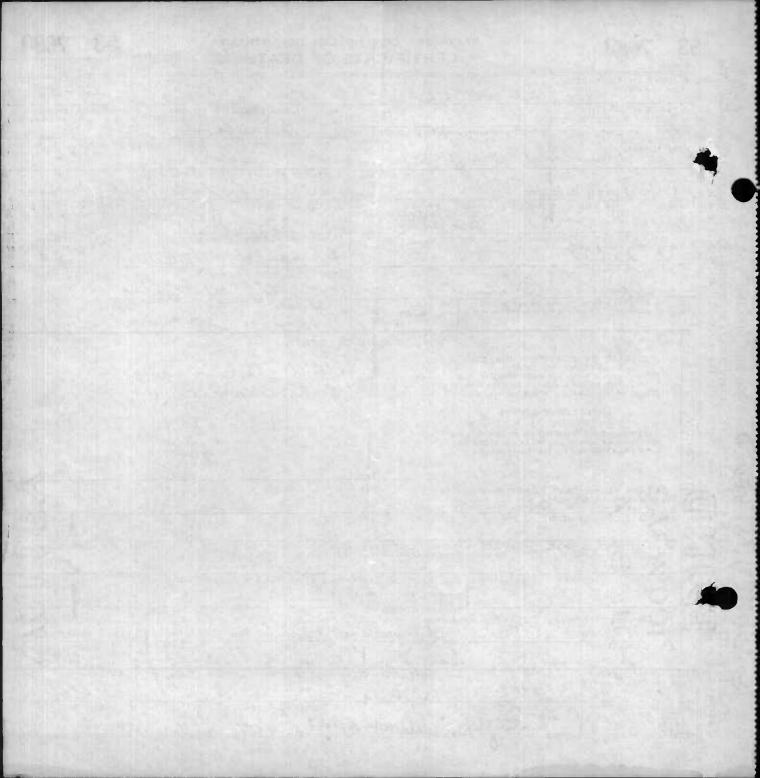
EC	OF DEATH	Registered :	No	7000
		DEATH	- 27	
	USUAL RESIDENCE (W STATE Mary la	B. COUNTY		residence fore admission)
H	Balfinan	outside corporate limi	3 WIII	JRAL and give (wnship)
11	STREET ADDRESS (If r 25/2 NA	ural, give location)	e a	ream
1	PATE OF BIRTH 9 - 22 - 14	9. AGE (In years last birthday) M	H Under 1 Year onths Days	H Under 24 Hours Hours Min.
v	BIRTHPLACE (State or for	reign country)		ZEN OF COUNTRY?
14.	MOTHER'S MAIDEN NA			18
17.	Raceta O	A	DDRESS	haid Kly
lex	tral Puln aberculari	in of	ONSE	T AND DEATH
RATIO	N		20. YES	AUTOPSY7
in or ,etc.)	21c. WHERE DID (II	in Baltimore City,	give exact	location)
RED	21F. HOW DID INJURY	OCCUR?		
- 2	5-53 19 , to 8	-25-5319	, that I	last saw the
235.	at 9:15 m., from the	Ja (EOR)	23c. D	ATE SIGNED

7000

ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPE 19A. DATE OF OPERATION MEDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY WHILE AT WORK 22. I hereby certify that I attended the deceased from\_ deceased alive on 8-25-5319 and that death occu 23A. SIGNATURE Tramaens COC M. D. TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY una DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Juntinglow VS 150

ITE PA PLEASE WRITE correct age is esp age correct

LY,



	(	53 76	36		TIMORE CITY			Register	53	7690
The	BI	RTH NO.		4 0	CERTIFICA	IE OF DEA	<b>\</b>	2. DATE		
ed.	(T)	ype or Print)	Mildre	ed C	antrell			OF DEATH	8/27-	-53
supplied.	A.		City, Maryland	Balt	imore	4. USUAL RES	SIDENCE (Wh	B. COUNT		on: residence pefore admission)
	HC	FULL NAME OSPITAL OR ISTITUTION	0 1	,,	on, give street address location		OWN (If or	itside eorporate	lin ts, frite	RUIAL and give
efull	4	9	Doctor	s to-	Sp17a/	D. STREET AD	PRESS (If ru	core location		7.00
car	c.	Length of s	tay in Baltimore	/	Mo Da	. 250	5 Win	door 1	Will K.	1,16
should be carefully arly and legibly	5.	F	6. COLOR OF RACE	7. SINGLE WIDOW	MARRIED, ED DIVORCED (Spec	(y) 8. PATE OF BI	3/1897	9. AGE (In yes last birthds)	Months Da	ar fi Under 24 Hours ays Hours Min.
(D)	work	Selephon	CUPATION (Give kind of or working life, even it stired)	Pations	OF BUSINESS OR INDUST	-11	Ashing	tou D		TIZEN OF HAT COUNTRY?
information of death cl	13	FATHER'S	Glenn	Hich	ols)	14. MOTHER'S	MAIDEN NAT	Fells		
BINDING of inform uses of dea	15 (Yes	. WAS DECEASE s, no or unknown)	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO	4 Cella !	hichold!	2510 Qu St	n. Mr. Wa	shoc
C 20		18. E 9	03.01	EL Fall	CAUS	OF DEATH	0	F 5		ERVAL BETWEEN SET AND DEATH
E C		(This does	E OR CONDITION LEADING TO DEA not mean the mode	TH of dying, e.g.	, (A)	Heat	stro	E	FIC /	2 hrs.
RESERVED I INK. Every please write tl			re, asthenia, etc. It mes eomplication which			gelonepl	vitie	98	10 4	18 hran
K. K.	7		ANTECEDENT CAU	SES	(B)	BACK IN	iway	1	1-20	7 days
RESE INK.	TIO	RISE TO T	OR CONDITIONS, IN ABOVE CAUSE (A)	STATING TH		FALL in	1774	heus	2 3	7 days
DING ians:	ICA	ONDERE	THE CONDITION E		(C)			F	N E	<b>)</b>
MARGIN UNFADING Physicians:	ERTIF		II SIGNIFICANT COND S TO THE DEATH, BUT			nepuriti	Vascula	sety Disease	MENO E	7
	U		F OPERATION		FINDINGS OF OF	ERATION			20	O. AUTOPSY?
WITH rtant.	CAL			l ale DIA	CE OF INJURY (e.	., in or   21c. WHER	PEDID (If	in Baltimore		es No X
LY, WITH	1EDIC		PENT WAS UNDER- R CONTRIBUTING DEATH	about home, fa	arm, factory, street, office bl			lar.	mill !	PO15/48
J.H	2	21D. TIME OF INJURY	(Month) (Day) (Year		THILE AT NOT WH		DID INJURY	OCCUR?	te se	reped
PL, ecial		22 11	Sug. 21, 195	3 m.	WORK AT WO		Velle de	ackura	19 that	Kitchen
	1	deceased a	y celtify that I at live on 8 - 3		and that death oe	curred at 11 3	2m., from the	causes and	on the date	e stated above
RI		23A. SIGNA	TURE K. Kru	elevi	М. D.	238. ADDRESS 4007	1. Hil	tou St.	23c.	DATE SIGNED
	24 TIC	AA. BURIAL.	CREMA- 24B. DATE Specify)	1953	AC. NAME OF CEME	61	DRY 240 LO	CATION (City,	town or coun	ity) (State)
PLEASE correct ag		ATE RECEIVE DCAL REGIST		'S SIGNATU			BIRECTOR	X 420 H	Redner	ess are
	#	VS 150		0	2 7	1/2/		11110	1	
		1.	847.0	HALL B	3/0	46				

Dr. Komer Kruelvite 400 N- Hiller St. 10 to 12 - 7- to 83? Wel. 5-7083

W5-1083

77-3282

## CERTIFICATE CORRECTED

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BALTIMORE CITY HEALTH DEPARTMENT

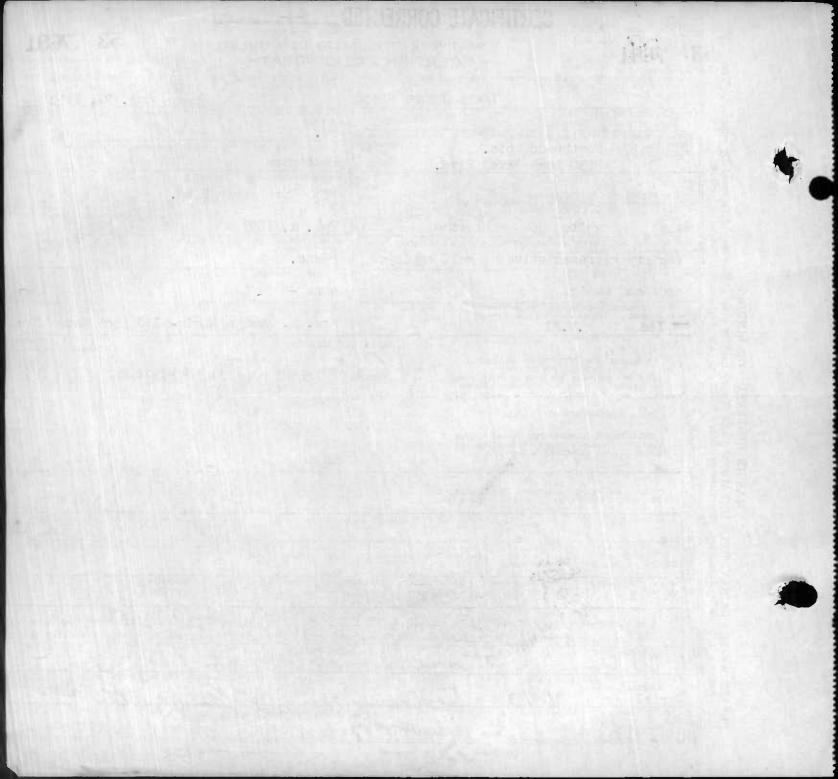
53 7691

BIRTH NO.			CERTIFICATE	E OF DEA	TH	Registered	No
1. NAME OF D	ECEASED				T	2. DATE	
(Type or Print)		LOUIS	JOSEPH RUMIG			DEATH Aug.	27, 1953
3. PLACE OF D	City, Maryland			A. STATE	IDENCE (Wh	ere deceased lived, I B. COUNTY	f institution : residence before admission
B. FULL NAME HOSPITAL OR			ion, give street address or location)	Md.	AID I IT ON	staide componeta listi	
INSTITUTION	Northwood A	-		c. CITY OR TOV		itside corporate Ani	ts, write HAL and giv township
( )	4230 Loch I	Raven B		Baltimore		11	~
T			Yrs. Mos.	1230 Loca			
	tay in Baltimore		Days	8. DATE OF BIF			If Under I Year It Under 24 Hours
5. sex male	WIDOWED, DIVORCED (Specify)		Feb. 1,		last birthday) M	In this Days Hours Min	
vork done during most o	10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY factory representative self employed			11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			12. CITIZEN OF WHAT COUNTRY
13. FATHER'S N	-	0	omprojeu	14. MOTHER'S	MAIDEN NAM	4 F	
Ferdinand				Anna -	MAIDEN NAN	1 -	
Yes, no or unknown)	O EVER IN U.S. ARME (If yes, give war or date W.W.#1	D FORCES?	16. SOCIAL SECURITY NO.	Mrs. F.	•		ADDRESS Joch Raven Blv
DISEASES	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION L/	F ANY, GIVING TI					
1.1	NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO					
19A. DATE O	F OPERATION 1		TION FOR WHICH OF	PERATION		ON WAS RELATED DEATH, ENTER PART II	
DEATH (NOT	ENT WAS UNDERLY BUTING CAUSE OF	ING 21E about	bome, farm, factory, street, office	e.g., in or 21c. Wholdg., etc.)			, give exact location)
21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour)	WHILE AT NOT WHILE WORK AT WORK	E	ULNI DID W	RY OCCUR?	r
22. I hereb	y certify that I at	tended the	deceased from and that death occur	red at 9 18	10		53that I last saw the date stated above
23A/SIGNA	Chini 11	. 7	es lung M.D.	1230 fr	a Nove	Blud.	8-29-53
24A. BURIAL, C TION, REMOVAL (S Burial	Specify) 8/29/5	3	Jan Sie	RY OR CREMATO	PIKE	SUILE 1	n, or county) (State
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR	'S SIGNATI	Villiams Ms	A FONERAL D	RECTOR!	Jener Y	ADDRESS -

29044

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MARGIN RESERVED FOR BINDING



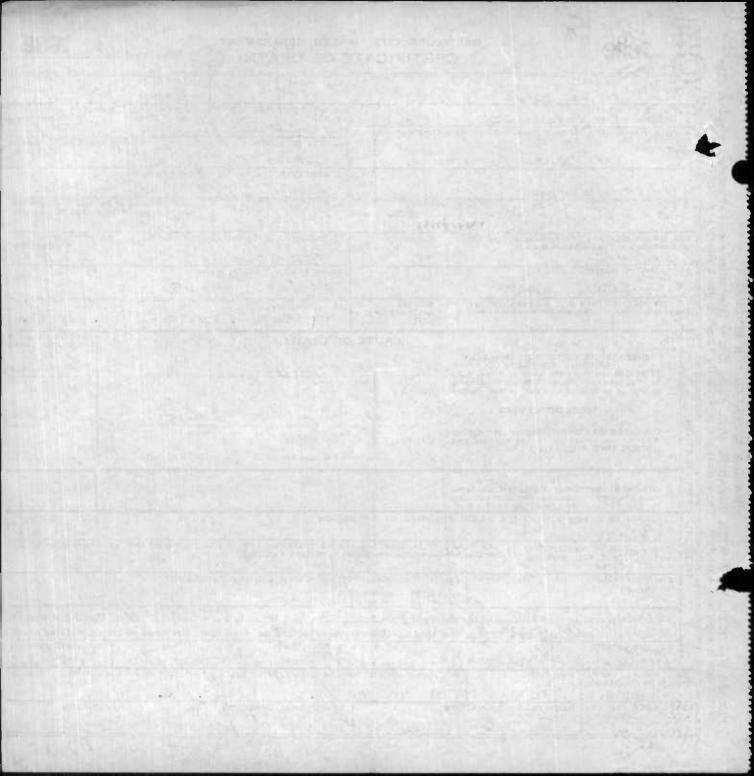
	o)
	The
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAI MY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VED	Every
RESER	INK. please w
MARGIN	UNFADING Physicians:
	LY, WITH important.
	WRITE PLAI is especially
	PLEASE WRITE correct age is esp

T	635
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BIRTH	NO.

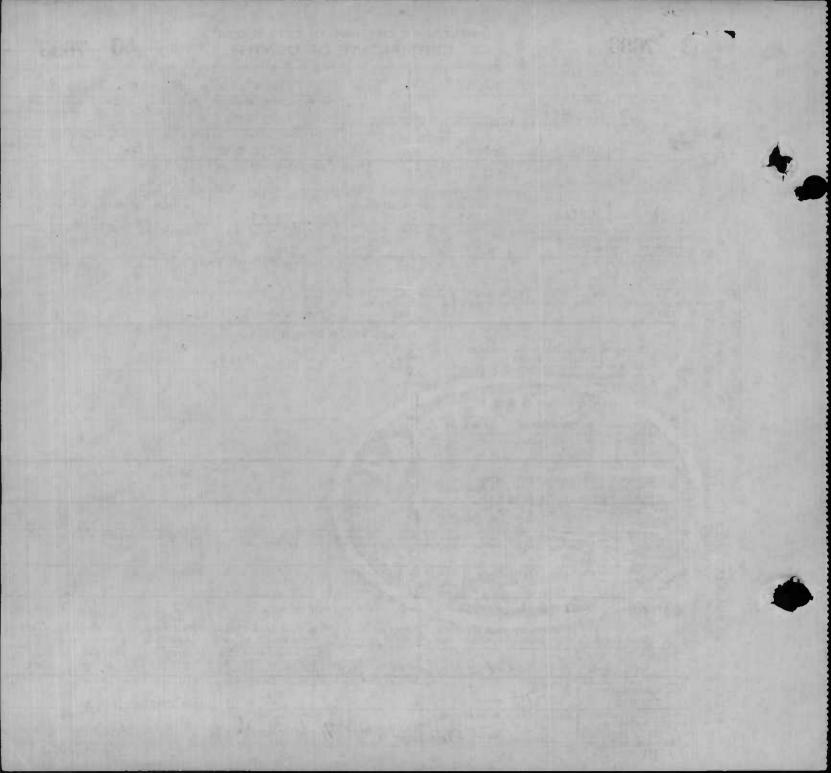
## BALTIMORE CITY HEALTH DEPARTMENT

	53	7002
gistered	No.	1000

)3 769 BIRTH NO.	2	DA.	CERTIFICATI	E OF DEATH	Registe	red No	7692
1. NAME OF D (Type or Print)	DECEASED	11		Personal Sea	2. DATE OF	0/20	2/
3. PLACE OF D A. Baltimore (	City, Maryland		Hose. ion, give street address or	4. USUAL RESIDENCE	(Where deceased liver) B. COUN		ion: residence before admission)
HOSPITAL OR	MERCY	1405	location)		(If outside corporat	e Mails, write	RAL and give Lwnship)
c. Length of s	tay in Baltimore		Yrs. Mos. Days	180 E 29	If rural, give locati	on)	
5. SEX	6.COLOR OR RACE		E, MARRIED, VED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (In ye last birthda	y) Months D	ear if Under 24 Hours ays Hours Min.
Work done during most		10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)		TIZEN OF
	ERT SEXHE			14. MOTHER'S MAIDEN	,		
(Yes, no or unknown)	ED EVER IN U.S. ARMET (If you, give wer or date	FORCES?	16. SOCIAL SECURITY NO. NONE	Mr. Robert J.	Trautman-1	ADDRES	s 29th St.
(This does heart failu injury or	BE OR CONDITION LEADING TO DEAT s not mean the mode of tre, asthenia, ctc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, IN HE ABOVE CAUSE (A) VING CONDITION LA	FH dying, e. 1 ns the diseas aused death EES FANY, GIVIN STATING TH	E., (A)	OF DEATH	Bouer.		TERVAL BETWEEN SET AND DEATH  3 days
OTHER STRIBUTING TO THE D	II SIGNIFICANT CONDI S TO THE DEATH, BUT ISEASE OR CONDITION	TIONS CON NOT RELATE CAUSING I	ŁD .	RATION			O. AUTOPSY?
LYING O	DENT WAS UNDER-	21B. PL/ about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore		act location)
S CAUSE OF	(Month) (Day) (Year)	` '	21E. INJURY OCCURR WHILE AT WORK AT WORK		RY OCCUR?	,	
22. I hereb deceased a	live on Chaque	ended the 1953,	and that death occur	rred at 4.00 m., from	the causes and	on the date	I last saw the stated above
24a. BURIAL. TION, REMOVAL (S	CREMA- 24B. DATE	oorl	M. D.		LOCATION (City	8	128/83
DATE RECEIVE LOCAL REGIST	D BY   REGISTRAR	s signatu	Holy Redeemer	25 FUNERAL DIRECTO		Sou	
VS 150		0			Batto.	17.1	md.



1.	NAME OF Daype or Print)	DECEASED	MICHAE	L S. R	RUHL			2. DATE OF DEATH	Aug.	28, 1	953
	PLACE OF D	City, Maryland				4. USUAL RESIDE					: residence ore admiss
H	FULL NAME OSPITAL OR ISTITUTION	of f not in hospit 3813 Stokes		on, give street ad lo		c. CITY OR TOWN Balti	(If	outside corpe	the limit	ts, write Mi	RAL and towns
-	Length of s	stay in Baltimore			Yrs. Mos. Days	D. STREET ADDRE	,	ural, give lo			TH
5.	sex	6. COLOR OR RACE	WIDOW	. MARRIED, ED, DIVORCED	(Specify)	8. DATE OF BIRTH	1	9. AGE (IT	years	If Under 1 Year on the Days	H Under 24 Hours A
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	single 108. KIND none	OF BUSINESS		Aug. 1, 1953 11. BIRTHPLACE (S		reign countr	y) !	12. CITIZ WHA	EN OF T COUNT
13	Jack D. R	NAME	777010			14. MOTHER'S MA Nancy J. P		ME			
15	. WAS DECEAS	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO	Y NO.	17. INFORMANT		h1_3813		DDRESS	Ve
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mer complication which ANTECEDENT CAUS	TH of dying, e. g ans the disease caused death.	, (A) Int	tersti	of DEATH	nitis			INTER ONSE	
FICA	OTHER S	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mer complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e. g ans the disease caused death. SES  F ANY, GIVIN STATING TH AST.  ITIONS CON	(B)	tersti		nitis				
E	OTHER STRIBUTION TO THE E	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LO  II SIGNIFICANT CONDITION S TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ons the disease caused death. SES F ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE I CAUSING IT	(B)	tersti	tial pneumo	nitis			ONSE"	AUTOPS)
AL CERTIFICATI	OTHER STRIBUTION TO THE CO.	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mer complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LO  II GIGNIFICANT CONDIG S TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ans the disease caused death.  SES  F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE! CAUSING IT 9B, MAJOR	(A) Int	COPERA	tial pneumo	ID (II	in Baltimo	re City,	ONSE	AUTOPS)
L CERTIFICATI	OTHER STRIBUTION TO THE CONTROL OTHER STRIBUTION TO THE CONTRO	SE OR CONDITION LEADING TO DEA s not mean the mode of ure, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION 1	TH of dying, e. g ans the disease caused death.  SES  F ANY, GIVIN STATING TH AST.  ITIONS CON NOT RELATE 1 CAUSING IT 9B. MAJOR  21B. PLA about home, fa	(B)  (B)  (B)  (C)  FINDINGS OF  CE OF INJURY OCHILE AT   NO	F OPERA	tial pneumo	IID (If		re City,	ONSE	AUTOPS
EDICAL CERTIFICATI	OTHER STRIBUTIONS  OTHER STRIBUT	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of the complication which of the complication which of the complication which of the complication which of the complication which of the complication of the complication of the death, but the complication of the death, but the complication of the co	TH  of dying, e. g  ans the disease caused death.  SES  F ANY, GIVIN STATING TH  AST.  ITIONS CON NOT RELATE: 1 CAUSING IT  9B. MAJOR  21B. PLA about home, fa  (Hour) 2  w  rge of the s  said Auto	G (B)	CCURRED TWHILE Tribed abon or In	21c. WHERE D INJURY OCCU 21f. HOW DID pove, held an	ID (If R? INJURY  Autopsy, I said de	occuri	Inquiry ed on the	20. YES give exact  thereo	AUTOPS No location)
MEDICAL CERTIFICATI	OTHER STRIBUTIONS  OTHER STRIBUT	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LI SIGNIFICANT CONDITION OF OPERATION 1 NAL CAUSE WAS IG OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)  If that I took char idence obtained by eath in my opinion TURE	TH  of dying, e. g  ans the disease caused death.  SES  IF ANY, GIVIN  STATING TH  AST.  ITIONS CON  NOT RELATE  CAUSING IT  9B. MAJOR  21B. PLA  about home, for  W  rye of the resulted for  resulted for	GE DUE TO  (B)  (C)  (	CCURREI Tribcd ab on or In causes	TION  21c. WHERE D INJURY OCCU  21f. HOW DID  ove, held an quiry, find that [5], accident [7],  23B. CHIEF ME ASSISTANT ME	INJURY Autopsy, I said de suicide EDICAL E EDICAL E ESTIGATO	topsy repection or ceased die	Inquiry ed on the de	thereo the day stundeterm 3c. DATE s	AUTOPS No. location)  n and cated acined coined coi



53	7694
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MERTON S. FALES OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution ; residence A. Baltimore City, Maryland A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RUMAL and give INSTITUTION 2706 Parkwood Ave. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 2706 Parkwood Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED DIVORCED (Specify) male Feb. 5. 1882 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? New York Clergyman Presbyterian Church 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Porter Fales Emma Sikes 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT Mrs. Isabella McC. Fales-2706 Parkwood Av (Yes, no or unknown) SECURITY NO none none INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY HEMORRHAGE, CEREBRAL ARTERV LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES ARTERIOSCLEROSIS GENERAL CEREBRAL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SENILITY RTIFICA 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A, DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY A NONE 218. PLACE OF INJURY (e.g., in or (If in Baitimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER-۵ LYING OR CONTRIBUTING CAUSE OF DEATH about home, farm, factory, atreet, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE

deceased alive on any >7, 19 13 and that death occurred at 12 - pm. from the causes and 19 13 that I last saw the aug 78,53 GTIO YOURK

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Cremation 24C, NAME OF CEMETERY OR CREMATORY! 24D. LOCATION (City, town, or county) 24B. DATE Balto., Md.

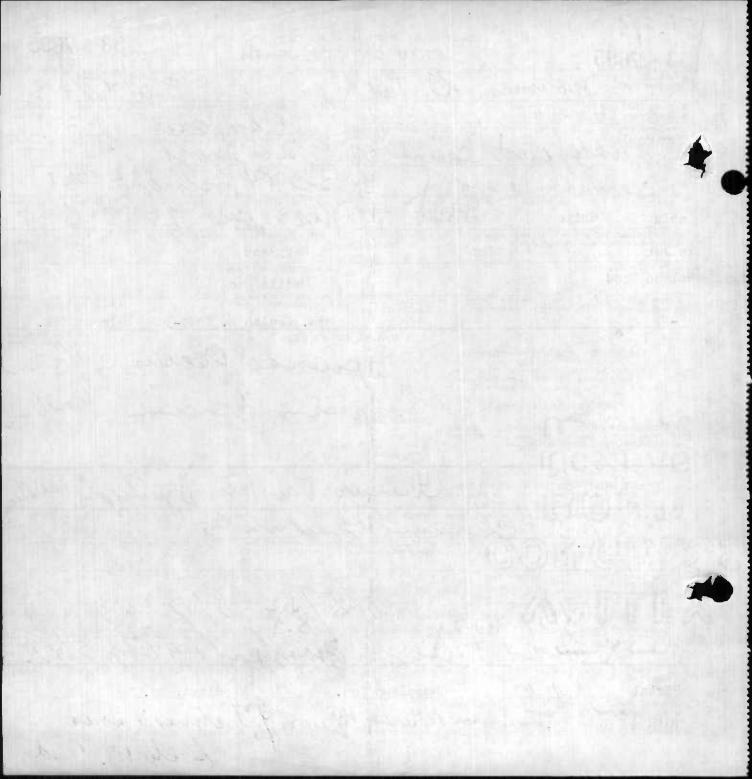
Greenmount Crem. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR

LOCAL REGISTRAR

ADDRESS

VS 150



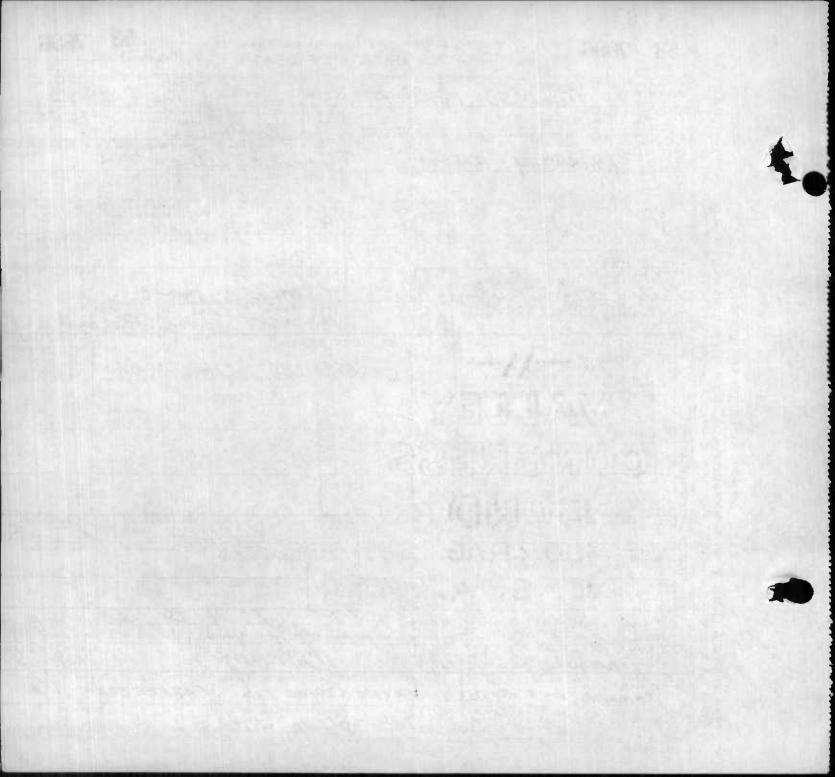


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## BALTIMORE CITY HEALTH DEPARTMENT

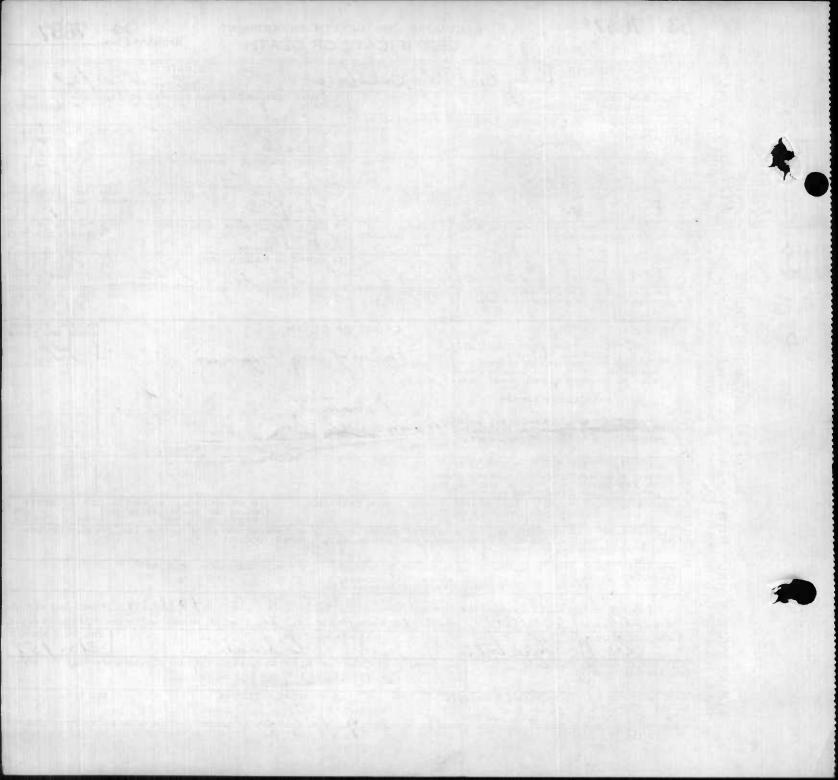
53 7696

	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.		
1.	NAME OF DECEASED NILDRED	ELLIOTT		2. DATE OF DEATH 8-2	9-5-3	
Α.	PLACE OF DEATH: Baltimore City, Maryland	the circumstant address on	4. USUAL RESIDENCE		titution; residence before admission)	
HC	FULL NAME OF (If not in hospital or institu DSPITAL OR ISTITUTION	ition, give street address or location)	c. CITY OR TOWN	(If outside corporate limits, v	write RURAL and give township)	
c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS	If rural, give location)		
5.	F 6. COLOR OR RACE 7. SINGLE WIDON	E.MARRIED WED, DIVORCED (Specify)	8. DATE OF BIRTH 9-19-23	9. AGE (In years last birthday) Month	dar i Yaar hs: Days   If Under 24 Hours Hours   Min.	
rork	done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	r foreign country)   12	2. CITIZEN OF WHAT COUNTRY?	
Y	Piley M. Cauley		Florence	Hay.		
15 Yes	(If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	TINFORMANT ,	Hosp. Rec	ord.	
-	18. 710.0 I		OF DEATH		INTERVAL BETWEEN	
	LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ise,	RALIZED SC	LERODERMA	6 m);	
7	ANTECEDENT CAUSES					
CATION	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	THE OUE TO				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING IT.	UTING TO THE				
AL C		OTTION FOR WHICH OF	CAUSE	RATION WAS RELATED TO OF DEATH, ENTER IN I OR PART II	20. AUTOPSY?	
MEDIC	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	B. PLACE OF INJURY ( thome, farm, factory, street, office	e. g., in or 21C. WHERE DI	O (If in Baltimore City, gi	ive exact location)	
2	21d Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  OF INJURY  nn. Work AT WORK					
	22. I hereby certify that I attended the	e deceased from 8.	-3- rred at 4 194 m. from	8-29, 1953 on the eauses and on the	that I last saw th	
	The Looker R	M. M. D.	1 Hong	0.	8-29-53	
1/0	ON REMOVAL (Specify) REMOVAL (AUG. 30/183		RY OR CREMATORY #40	WAYNES BOR	1	
	ATE RECEIVED BY   REGISTRAR'S SIGNAT		25. FUNERAL DIRECTO	R	ADDRESS	

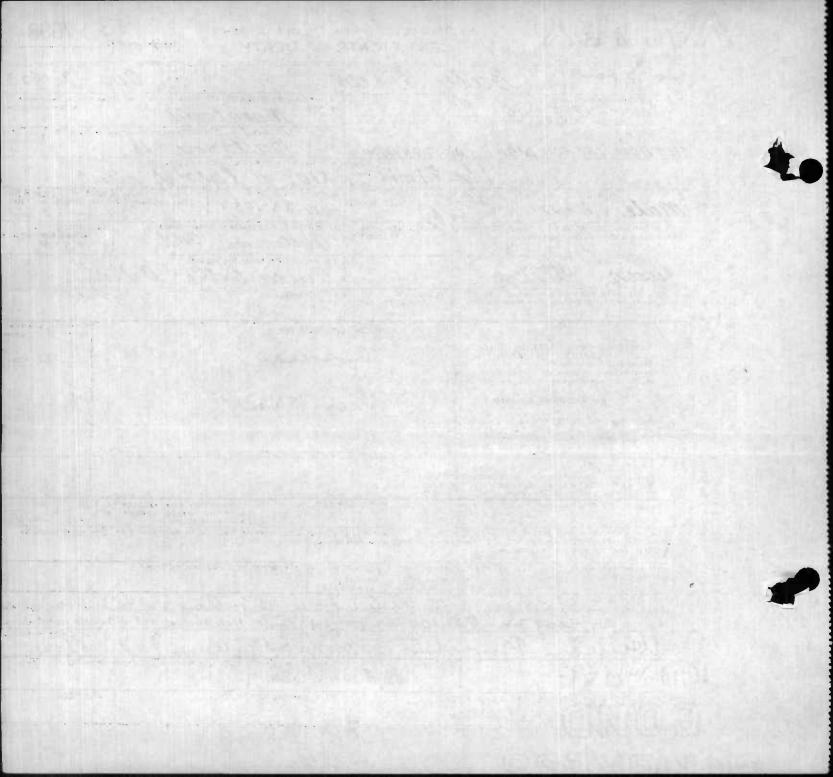


VS 150

Registered No. B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) If Under 1 Year It Under 24 Hours AGE (in years last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY IF OPERATION WAS RELATED TO ENTER IN NO 19\_ ., that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

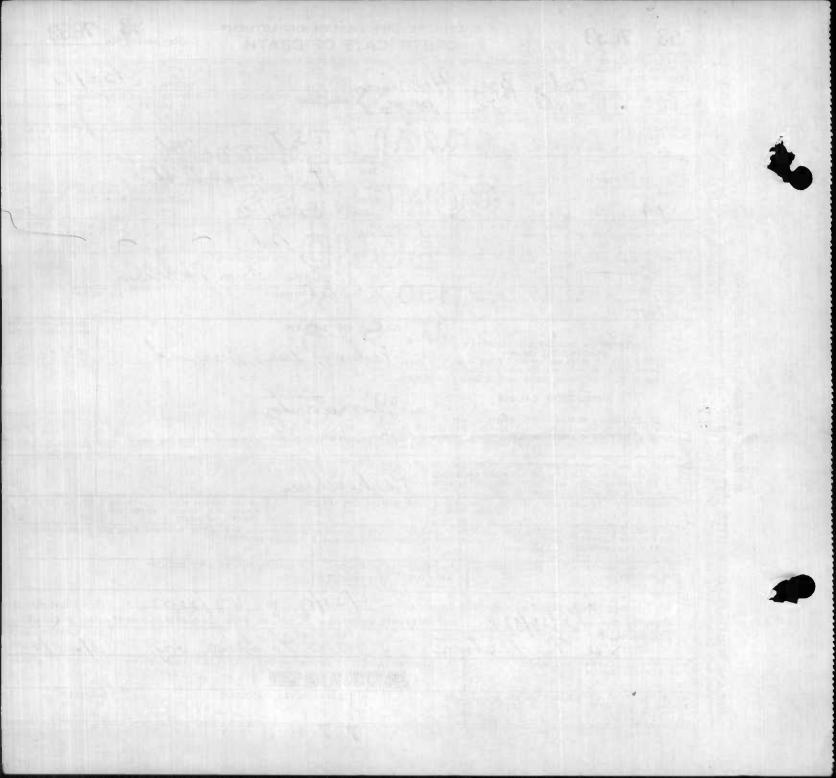


7 20	OS 10202 - 19/25 CERTIFICAT	E OF DEATH Registered No.			
1.	NAME OF DECEASED Baby Did	2. DATE OF OUG. 22-1953			
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
H IN	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location STITUTION				
14	Length of stay in Baltimore / M. 2/min. Deeps	D. STREET ADDRESS (If rural, give location)			
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years Holds I Ver Hours Min.			
10	DA, USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR kilone dering most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  QUILA Esther Ortias			
A:	5. WAS DECEASED EVER IN U. S. ARMED FORCES1   16. SOCIAL 16. SOCIAL 16. SOCIAL 16. SECURITY NO.	17. INFORMANT ADDRESS			
Causes	18. 767, 5 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
am.	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	voxea 12 21 m.			
MILLE	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	-/ -			
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	en ovant /h 2/u.			
11 ' 4	UNDERLYING CONDITION LAST.				
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUY NOT RELATED TO THE				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH C	PART I OR PART II			
MEDICAL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, atreet, office	(e.g., in or case of the bidg., etc.)  (e.g., in or case of the bidg., etc.)  (e.g., in or case of the bidg., etc.)  (e.g., in or case of the bidg., etc.)			
	2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE				
peciany	22. I hereby certify that I attended the deceased from Ling 22, 183 to Ling 22, 1953, that I last saw the deceased alive on Ling 22, 1953 and that death occurred at 305 m., from the causes and on the date stated above.				
is es	deceased alive on and 12 19 5 3 and that death occur	235 ADDRESS The Wines 24 235 DATE SIGNED			
correct age	4A. BURIAL, CREMA- ION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
corre	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
4	VS 150	6 9 9			



1	1	1-625		
a		53 7699 19918 BALTIMORE CITY HE CERTIFICATE	n.	gistered No. 7699
RGIN RESERVED FOR BINDING ADING INK. Every item of information should be carefully supplied. The icians: please write the causes of death clearly and legibly.	1.	NAME OF DECEASED ype or Print)	2. DATI OF DEAT	4/22/53
		PLACE OF DEATH: Baltimore City, Maryland Since Hosp.	4. USUAL RESIDENCE (Where deces	
	H	FULL NAME OF (If not in hospital or institution, give state address or location) STITUTION	C. CITY OR TOWN (If outside con	porate limits, write RURAL and give township)
	+	Yrs. Mos.	D. STREET ADDRESS (If rural, give	location)
		Length of stay in Baltimore  Days  6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 0 19. AGE	(In years     f Under I Year     ff Under 24 Hours   irthday)   Months   Days   Hours   Min.
	10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIFTHPLACE (State or foreign cour	ntry) 12. CITIZEN OF WHAT COUNTRY
	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	FICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	of lungs to eggs	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	schisis	
Pre-I	CAL C	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH PART I OR PART	I, ENTER IN
Y, W	MEDIC	21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY ( about home, farm, factory, street, office		timore orty, give exact location,
PLAINLY ecially imp		OF INJURY  OF INJURY	.ε	CUR?
		22. I hereby certify that I attended the deceased from deceased alive on \$ /22/13 19, and that death occur	2 2/53, 19, to 8/22/ red at 2:30 m., from the cause	
'RI'		23A. SIGNATURE n. Kastner M.D.	3B. ADDRESS Sirai H	23C. DATE SIGNED 31 8/22/57
ASE W	Z. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	SMEDICAL SCHOOL NUG 25	(City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR ALL 30 VS 150 ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR



BIRTH NO

1. NAME OF DECEASED

A. Baltimore City, Maryland

3. PLACE OF DEATH:

B. FULL NAME OF

JAMES

f not in hospital or institution, give street address or

(Type or Print)

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BROWN

A. STATE

Maryland

Registered No

OF August 10, 1953

If Under 1 Year

ADDRESS

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

8-10-53

ADDRESS

before admission)

township)

2. DATE

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

B. COUNTY

FOR RESERVED

HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give Johns Hopkins Hospital INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1110 Watson Street c. Length of stay in Baltimore Days 6.COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED 9. AGE (in years) last birthday) Months: Days Hours: Min. male WIDOWED, DIVORCED (Specify) 11. BIRTHPLNCE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR wark done during most of working life, even if retired) INDUSTRY 14. MOTHER SYMAIDEN NAME 13. FATHER'S NAME 0 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT W (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. 490 X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Lobar Pneumonia, Left Lower Lobe (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, XXXX injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE GEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. LL! U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION important. CA 216. PLACE OF INJURY (e. g., in nr about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIB-UTING | CAUSE OF DEATH INJURY OCCUR? ō RITE PLAINLY, is especially impo 210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT WORK autopsy 22. I certify that I took charge of the remains described above, held an . Autopsy, Inspection or Inquiry the cyidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my ppinion resulted from: natural causes A, accident \( \), suicide \( \), homicide \( \), undetermined \( \). 23B. CHIEF MEDICAL EXAMINER.... 234. SIGNATURE ASSISTANT MEDICAL EXAMINER...
MEDICAL INVESTIGATOR.... 24C. NAME OF CEMET RY OR CREMATORY 240. LOCATION (City, town, or county) BURIAL, CREMA-TION, REMOVAL (Specify)

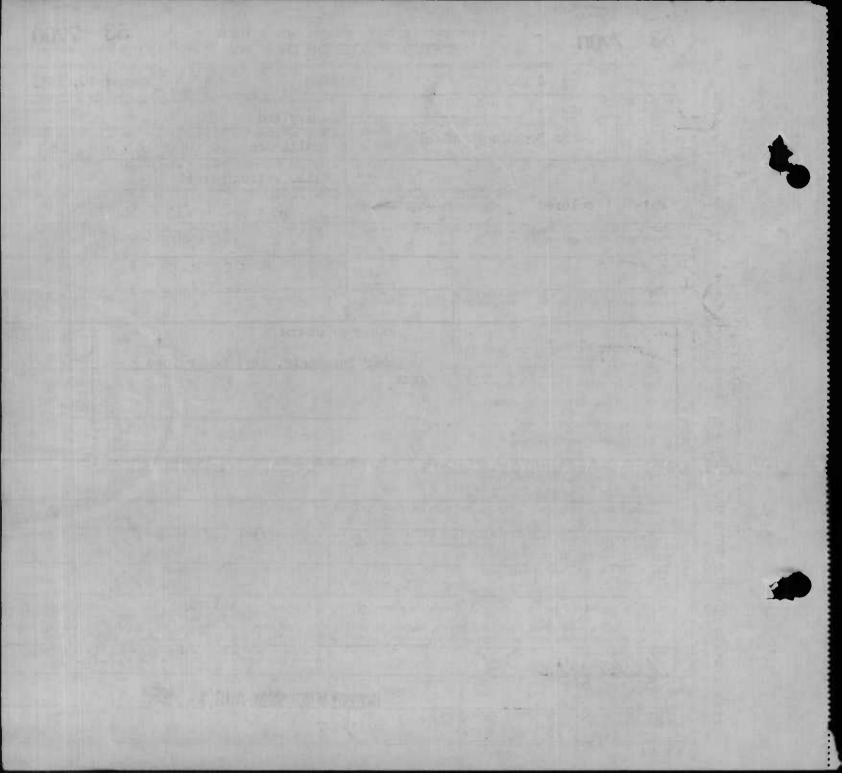
WITH PLEASE WR correct age is

25. FUNERAL DIRECTOR

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



24A. BURIAL, CREMA-TION, REMOVAL (Specify)

U CVS 1501000

Removal DATE RECEIVED BY LOCAL REGISTRAR 24B. DATE

8/30/53

REGISTRAR'S SIGNATURE

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

24c. NAME OF CEMETERY OR CREMATORY

53	3 7701
Registered N	

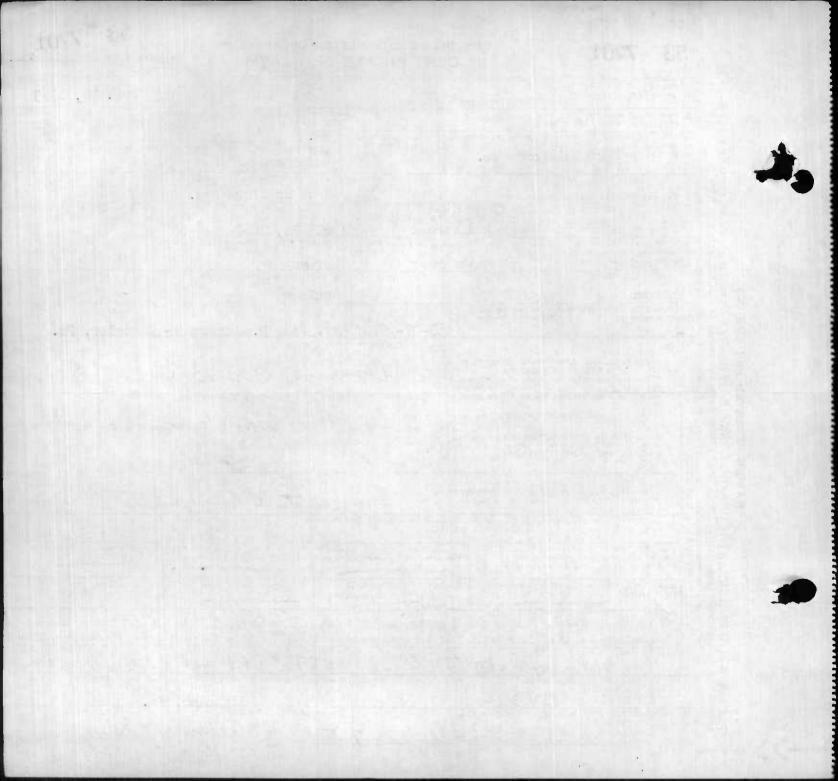
3. PLACE OF DEAT A. Baltimore City	1. NAME OF DECEASED (Type or Print)  JOHN HENRY GERSTNER			OF A	ug. 28, 1953
	TH:	A HEALT CHAIL THERE	4. USUAL RESIDEN	CE (Where deceased lived, B. COUNTY	If institution: residence before admission
B. FULL NAME OF (If not in hospital or institution, give street address or					
HOSPITAL OR INSTITUTION 27	40 Guilford	Ave.	Baltimore	(If outside corporate line)	mits, write RURAL and giv township
U ···		Yrs.		(If rural, give location)	
c. Length of stay	in Baltimore	Mos. Days	2740 Guilfo	rd Ave.	
	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days   Hours: Min.
male w	rhite	divorced	April 24. 188		
10A. USUAL OCCUI	PATION (Give kind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY
Bartender	rking ille, even il retired)	Restaurant	Germany		WHAT COUNTRY
13. FATHER'S NAM	/E	TO DO VICTOR SALLY	14. MOTHER'S MAID	EN NAME	
Unknown			Unknown		
15. WAS DECEASED E	EVER IN U.S. ARMED	FORCES?   16. SOCIAL	17. INFORMANT		ADDRESS
Yes, no or unknown)	(If yes, give war or date	security No. 163-07-9570		Gerstner - Lig	
	mplication which c	ns the disease,		romboris	J. F. M.A.
injury or cor  AN  O DISEASES OF RISE TO THE		ra the disease, aused death.) DUE TO  ES  FANY, GIVING STATING THE DUE TO  ST.		in-Coronary sol	leoni Dudefunt
DISEASES OF RISE TO THE UNDERLYING OTHER SIGNIF TO THE DE	mplication which control of the conditions, in above cause (A) G CONDITION LA  II FIGANT CONDITIONS EATH BUT NOT IS CONDITION CAUSING DEPERATION [ ]	FANY, GIVING STATING THE DUE TO ST. (C)	exterior clus		3 200 D TO   20. AUTOPSY?

MARGIN RESERVED FOR BINDING wR)

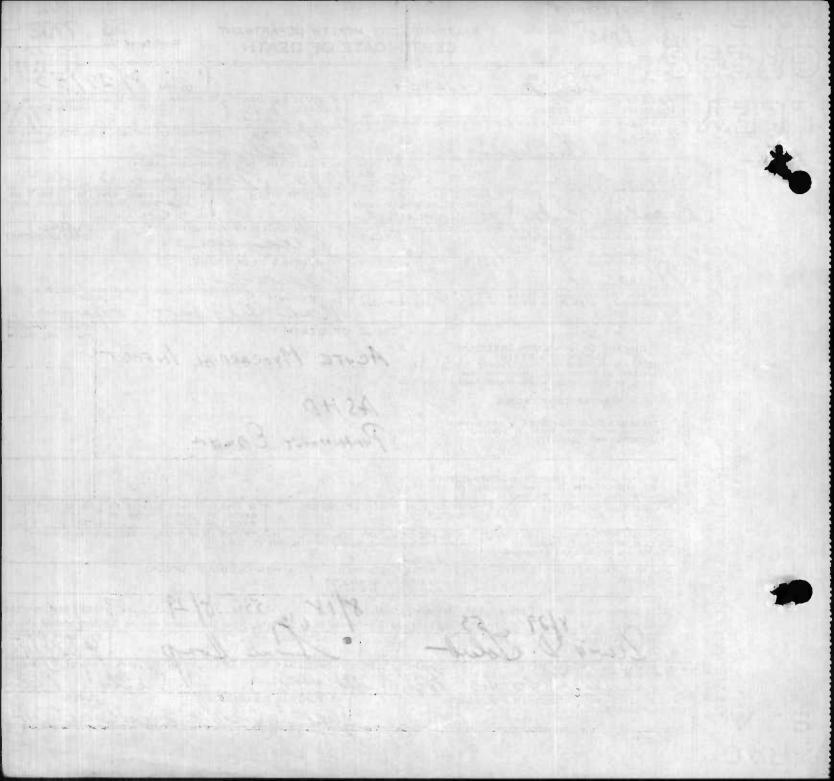
PLEASE correct ag

25. FUNERAL DIRECTOR ADDRESS

24D. LOCATION (City, town, or county)



	G-435.		5	S DENGO			
The	54 //16	TIMORE CITY HEALTH DEPA CERTIFICATE OF DEA		7702			
carefully supplied. T	1. NAME OF DECEASED	ILDEN	2. DATE OF DEATH	29/53			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RES	B. COUNTY	stitution : residence before admission)			
	B. FULL NAME OF (If not in hospital or institution INSTITUTION	location) C. CIT OR TO	WN (If outside corporate limits,	write RURAL and give township)			
	47 Succession Political	Yrs. O. STREET AD	DRESS (If rural, give location)	ause			
de	c. Length of stay in Baltimore  SEX  6. COLOR OR RACE  7. SINGLE  WIDOW	. MARRIED. B. DATE OF BI	RTH 9. AGE (In years little last birthday) Mon	inder 1 Year H Under 24 Hours ths Days Hours Min.			
should early an	10A DSUAL OCCUPATION (Give kind of work pone during most of working life, even in etired)	OF BUSINESS OR INDUSTRY	CE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY			
ation ath cl	13 TATHER'S NAME	14. MOTHER'S	MAIDEN NAME				
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or wokoowo)   (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	or AS	DRESS			
BI n of	18. 420.0	CAUSE OF DEATH	Filder #	INTERVAL BETWEEN			
of it	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) ACUTE MYOCAROUNL INFINECT						
Every write tl	heart failure, asthenia, etc. It means the disease injury or complication which caused death.						
RESERVED INK. Ever please write	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING	G (B) ASI+D		***************************************			
r be	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) PULHONARY	EDENA				
MARGIN NFADING hysicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO						
PH	DISEASE OR CONDITION CAUSING IT.	TION FOR WHICH OPERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN				
ILY, WITH important.	O OR CONTRIBUTING CAUSE OF about h		PART I OR PART II PHERE DID (If in Baltimore City, 1 PART I OR PART II PART I OR PAR	give exact location)			
	DEATH (NOTIFY MEDICAL EXAMINER)		OW DID INJURY OCCURT				
WRITE PL	m. 22. I hereby certify that Lattended the	work Norwhile At work	953 to 8/29 , 195	that I last saw th			
		and that death occurred at 6	em., from the causes and on th				
	246 BURIAL, CREMA-, 248, DATE	M. D.	DRY 240. LOCATION (OUT, town,	or county) (State)			
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATU	RE 125. FUNERAL	- Halt	Appress A			
PI	LOCAL REGISTRAR	fack Le	wis Me 2 (00 6	Suts OK			
	A (vs 150) 1939						



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PLEASE WRITE

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BALTIMORE CITY HEALTH DEPARTMENT . 11 Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) Charles G. Bennett, Sr. OF Aug. 28, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give NSTITUTION 3123 Sumter Ave. townshinl Baltimore, D. STREET ADDRESS (If rural, give location) Yrs. 60 years Mos. 4626 Pall Mall Road c. Length of stay in Baltimore Days 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower 9. AGE (In years if Under I Year It Under 24 Hours I hours Min. 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH Male White March 30, 1880 10A. USUAL OCCUPATION (Givekindof) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even If retired) INDUSTRY WHAT COUNTRY Printer Wicomico County, Maryland Printing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hertz unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) Mr. Edward L. Bennett, 4626 Pall Mall Rd. no 18. nterstitud pophritis ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. IL. RT OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 1953 to Aug. 28, 1953, that I last saw the 20 . 19 3. and that death occurred at 150 Pm., from the causes and on the date stated above. deceased five on Aug. 28 23c, DATE SIGNED 8/29/53 23A. SIGNATUE 4803 Park Heights Ave., 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY

24A. BURYAL, CREMA TION REMOVAL (Specify) Burial DATE RECEIVED BY

LOCAL REGISTRAR

Sept. 1, 1953

Cathedral

Baltimore, Md.

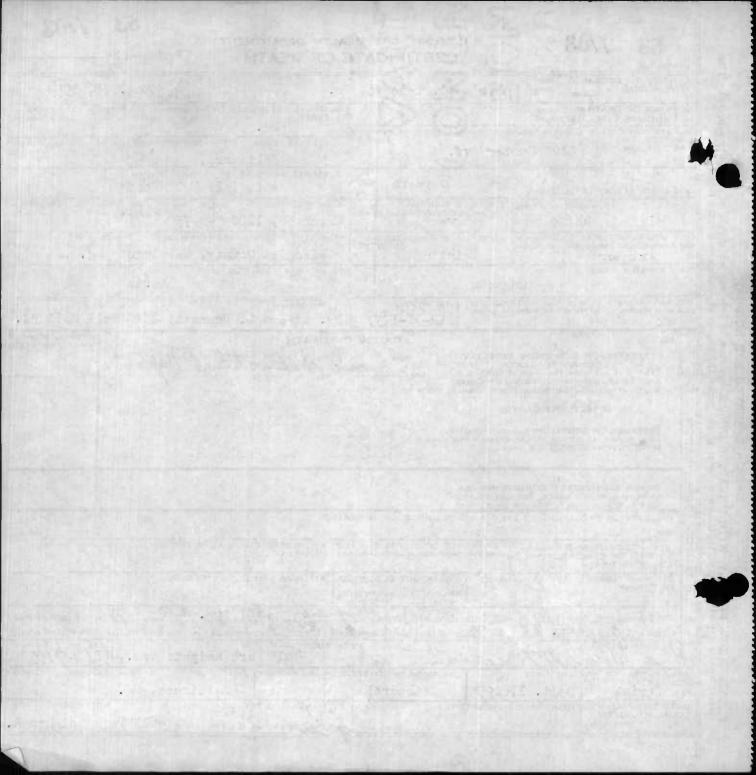
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

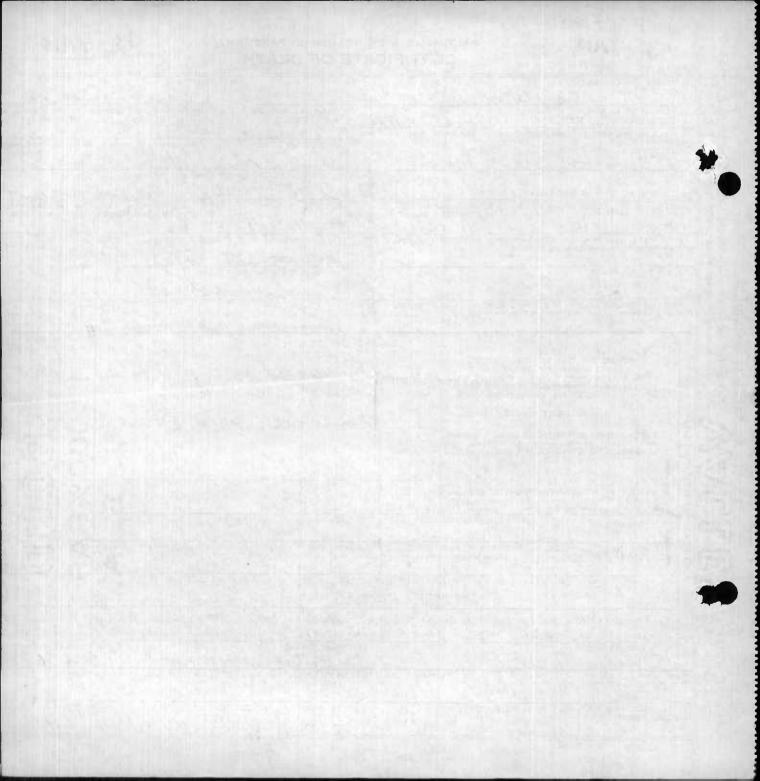
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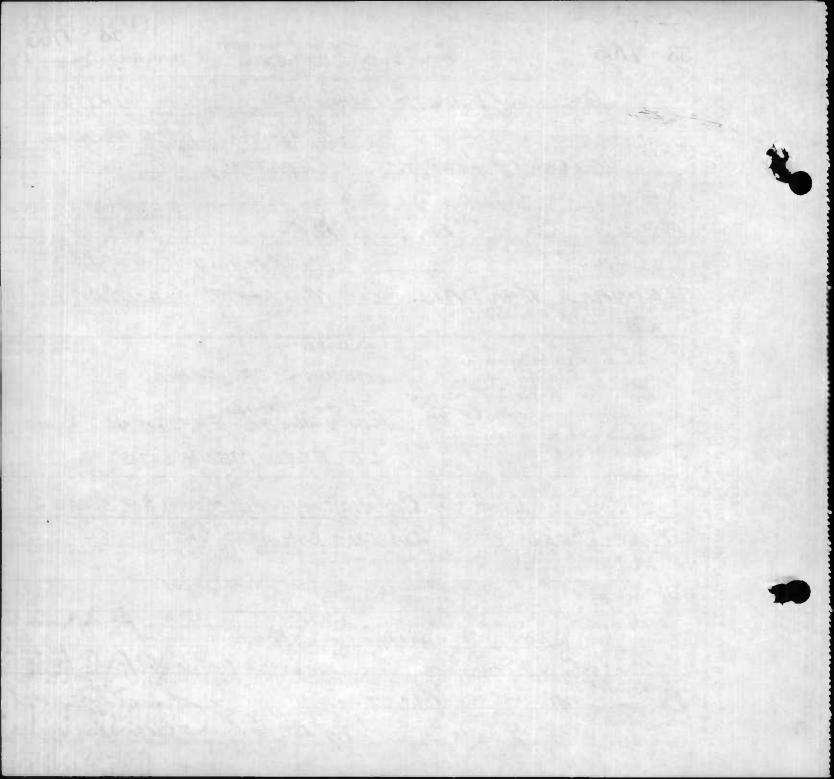
4611 Park Heights A

ADDRESS

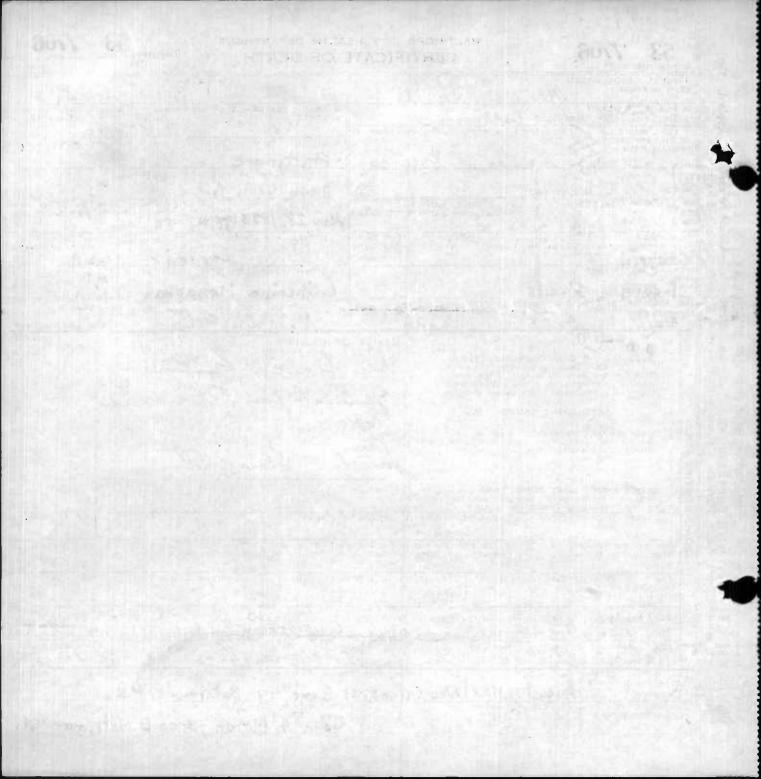


1		
	53 7704 BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No.	7704
BI	CERTIFICATE OF DEATH Registered No_	
	NAME OF DECEASED  (Type or Print) Was. AGNES ACKMAN.  2. DATE OF DEATH Jugo	26.53
Α.	Baltimore City, Maryland Baltimore Md. A. STATE B. COUNTY	itution: residence before admission)
He	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR IOCATION)  C. CITY OF TOWN (If outside corporate limits, wr	rite RURAL and give township)
1	Yrs. D. STREET ADDRESS (If rural, live location)	<u> </u>
	Length of stay in Baltimore  Days   2   2   3   4   4   4   4   4   4   4   4   4	Truck S. MO
10	F. WIDOWED, DIVORCED (Specify) May 7, 1887.   last birthday) Months  MANUEL May 1, 1887.   last birthday) Months  DA. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11, FORTHPLACE (State or foreign country)   12.	
worl	A. USUAL OCCUPATION (Give kied of lob. KIND OF BUSINESS OR INDUSTRY)  H. W. 108. KIND OF BUSINESS OR INDUSTRY  11. FORTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S MAINE 14. MOTHER'S MAIDEN NAME	
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDR	PECC ALL
(Ye	sa, no or ookbowo) (If yee, give war or dates of service) SECURITY NO. James Thomas Ack man-Son.	3082 besty Rd
	18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO PERI Plusted Vascular Collapse	gwks.
7	ANTECEDENT CAUSES  (B) Sterio & Claratic Heart Disease	leac
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	9,2
RTIFIC	(C)	
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
AL 0	19a. DATE OF OPERATION D 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
MEDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?  (If in Baltimore City, give linding lindin	
2	21b. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK	
	22. I hereby certify that I attended the deceased from Aug 25, 1953, to Aug. 26, 1955 th	at I last saw the
	deceased alive on Aug 26, 1951, and that death occurred at 11 23m., from the causes and on the d	
	23a. SIGNATURE 23b. ADDRESS 23b. ADDRESS 22b.	Jue 26 63
2. TI	44. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMENERS OF CREMATORY 24D. LOCATION (City, town, orc	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR AD	portes. It a
=	1 200 Homes Go Co of Grang Kenney 46/1 Vark	Keights the
	Vs 150	,





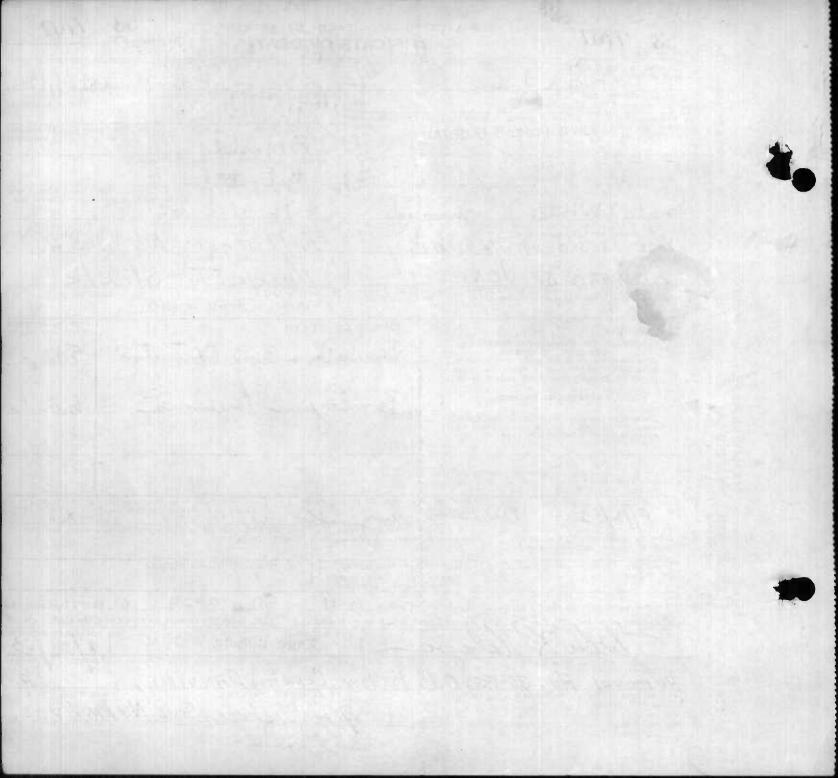
<	5-4	120	RAI TIMORE CITY	HEALTH DEPARTMEN		מממים
BI	53 7	706		TE OF DEATH	Registered N	3 7706
	NAME OF Dype or Print)	DECEASED Mary	G. Sheils		2. DATE OF DEATH 8	28-53
A.	PLACE OF D Baltimore	City, Maryland 🔏	Balkimor & tal or institution, give street address	4. USUAL RESIDENCE	B. COUNTY	before admission
H	SPITAL OR	OF (II not in nospi	locat		(If outside corporate limit	s, write ItURAL and give township
+	O NE	nllins //en		rs. o. STREET ADDRESS	If rural, give ocation)	0
	Length of	stay in Baltimore	D	B. DATE OF BIRTH	AVC.	Under 1 Year   It Under 24 Hour
	F.	W	WIDOWED, DIVORCED (Spe	May 28, 1873 (9	7- 43 1 41 2 3 300	nths Days Hours Min
		CCUPATION (Give kind or of working life, even if rotired			r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME	US.A.
15	. WAS DECEAS	ED EVER IN U. S. ARME	D FORCES?   16. SOCIAL	Catherine 17. INFORMANT	lonaghan	
(Yes	NO or nal nown	(If yes, give war or dat	security No	Mrg. Wm.	F. Spies -	Ballimore
RTIFICATION	heart fail injury or DISEASE RISE TO	s not mean the mode une, asthenia, etc. It me complication which ANTECEDENT CAU S OR CONDITIONS, THE ABOVE CAUSE (A: YING CONDITION L	ans the disease, caused death.) OUE TO SES  IF ANY, GIVING DUE TO STATING THE DUE TO STAT	ners l'jed ( osis. le Jeme	allerale	
CER	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED			
SAL	19A. DATE	OF OPERATION	19B. MAJOR FINDINGS OF O	PERATION		YES NO
EDICAL	21A. ACCID HOMICIDE	ENT. SUICIDE. (Specify)	21B. PLACE OF INJURY (e about home, farm, factory, street, office h	g., in or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore City, g	ive exact location)
M	210. TIME OF INJURY	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  MHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from deceased alive on 27, 1953, and that dea 23/SIGNATURE  24A. BURIAL. CREMA- 24B. DATE TION, REMOVAL (Specify)  August 31,1953  DATE RECEIVED BY REGISTRAR'S SIGNATURE  LOCAL REGISTRAR				July 1, 1953 to	lug. 28 , 1953	, that I last saw th
	23 SIGNA		-, 19 г. и. Д. м. с.	238. ADDRESS L. Dynes 4	of tal	23c. DATE SIGNED 8-28-53
24 TI	N. REMOVAL	Specify) August 3			ltimore, Md	or county) (State)
	ATE RECEIVE	D BY   REGISTRAR		25. FUNERAL DIRECTOR	₹	ADDRESS
1	MIC 3.0	Munk	ustgaty (4.8)	John A. Mora	n -3000 E.Bo	ultimore st.
-	VS 150					



J-520 53 7707	BALTIMORE CITY HEALTH DEPAIL CERTIFICATE OF DEA	
NAME OF DECEASED Type or Print)  - red )	Н.	2
PLACE OF DEATH:	4. USUAL RES	IDENCE (Whe

53
Registered No. 7707

	NAME OF DECEASED	2. DATE			
	pe or Print) Fred Jones H.	DEATH Ungest 29,1953			
	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
	SPITAL OR JOHNS LICEVING HOCKING location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
	JOHNS HOPKINS HOSPITAL	E (1 a			
10	Yrs.	D. STREET ADDRESS (If rural, give location)			
С.	Length of stay in Baltimore Mos.  Days	K.D. #1			
5. :	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under 1 Year If Under 24 Hours Months: Days Hours Min.			
	mule White manuel	8-16-91 62			
	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY VICE PRESIDENT STA. + PRINTING	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	EdWARD K. VONES	HARRIETT Steele			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	No	JOHNS HOPKINS HOSPITAL			
	18. 162× 1 CAUSE	OF DEATH ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	aller C. of Olatustas Sday			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Some Care Organism Congs			
	injury or complication which caused death.) DUE TO				
7	ANTECEDENT CAUSES	hogenic Carcinoma 6 weeks			
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO				
AT	UNDERLYING CONDITION LAST.				
FIC					
RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
8	DISEASE OR CONDITION CAUSING IT.				
اد	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF	PERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH. ENTER IN PART I OR PART II  YES NO			
DICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJUNIOR CONTRIBUTING CAUSE OF about home, farm, factory, atreet of fine	(e.g., or 21c. WHERE DID (If in Baltimore City, give exact location)			
	DEATH (NOTIFY MEDICAL EXAMINER)	mag.gew.,			
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR				
	OF INJURY WHILE AT NOT WHI				
	22. I hereby certify that I attended the deceased from	-11 , 1953, to 6-29 , 1953, that I last saw the			
	deceased office on 8-29, 1933, and that death occurred at 630 km, from the causes and on the date stated above.				
	23A. SIGNATURE 23B. ADDRESS HOPKINS HOSPITAL 23C. DATE SIGNED JOHNS HOPKINS HOSPITAL 23C. DATE SIGNED				
24	A. BUMAL, CREMA-  24B. DATE   24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
TIC	N. REMOVAL (Specify)	VS Cemeter DANVIlle. PA.			
D/	Removal Hug 30-1953 Udd Fellov ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS			
LIC	OCAL REGISTRAR	PM. I Tickner & Sons N. + PA. Aves.			
	VS 150	7 0 0			
	2-9	04M			



	CERTIFICATE AMENDED 9/8/53 ES  BALTIMORE CITY HEALTH DEPARTMENT 53	100m 0
The	53 7708  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No	7708
	1. NAME OF DECEASED (Type or Print)  OF TOOLE (Armie R.)  1. DATE OF BLATH 8/29	153
supplied.	A. Baltimore City, Maryland Balto, City A. STATE B. COUNTY	ution: residence before admission)
fully su	B. FULL NAME OF (If not in hospital or iastitution, give street address or HOSPITAL OR NSTITUTION (If outside corporate limits, wri	ite URAL and give township)
fro es la	Yrs. O. STREET ADDRESS (If rural, give location)  Nos. 863	0
ld be	c. Length of stay in Baltimore  Days   9 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	l Year If Under 24 Hours Days Hours Min.
n should clearly ar		CITIZEN OF WHAT COUNTRY?
atio	13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	4.5.
inform s of dea	15. WAS DECEASED EVER IN U. S. AFMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war of dates of service) SECURITY NO.	ass ,_/ ax
em of i	18. CAUSE OF DEATH	STERVAL BETWEEN ONSET AND OBATH
y it	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	15 min
Ever Write	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
INK.	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO INDERLYING CONDITION LAST	011.00000000000000000000000000000000000
	A CHEETING CONDITION EAST.	***************************************
WARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	62 44 53
hri	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
LY, WITH	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING  CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in nr lying or contributione, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  LYING OR CONTRIBUTING INJURY OCCUR?	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK	
TE PL.	22. I hereby certify that I attended the deceased from July 21, 1953, to Que 29, 1953, the deceased alive on \$129/53, 19 and that death occurred at 2:55 Rm., from the bauses and on the deceased	
WRIT e is e		c. DATE SIGNED
PLEASE WRITE PL	24a. BURIAL, CREMA: 24b. DATE 24c. NAME OF CEMETERY OF CREMATOR 24o. LOCATION (City, town for contribution Removal (Specify) 9 11953 Street Contribution (City, town for contribution)	unty) (State)
PLEAS	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 EUNERAL DIRECTOR ADMINISTRATION 1476	higher of
	VS 150 7648B	9



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PLEASE WRITE PLA IV, WITH U correct age is especial important. P

VS 150

		BAL
53	7709	
BIRTH	10.	

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## BALTIMORE CITY HEALTH DEPARTMENT

Registered No.	7709
Registered No.	

Bì	BIRTH NO.						
1. (T	NAME OF D	ECEASED				2. DATE OF	
		Fanni	a Lae	LeCompte		DEATH AUR	27th, 1953
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland I	204 Dul	celand St.	4. USUAL RESIDENCE (V	Where dcceased lived. If i	institution: residence before admission)
I B.	FULL NAME	OF (If not in hospi	tal or institut	on, give street address or	Md.		
	STITUTION			location)	c. CITY OR TOWN (If	outside corporate limits	write RURAL and give township)
16	0				Baltimor	'e /6"	O Lownship)
				Yrs.	D. STREET ADDRESS (If		1.
c.	Length of s	tay in Baltimore	Life	Mos. Days	I204 Duke	eland St.	
5.	SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED. ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) If	Under I Year   If Under 24 Hours
Fe	emale	White	Sing		May 12th, 1889	64	duis Days Hours Mill.
10	A. USUAL OC	CUPATION (Give kindo	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
Wor	at home	of working life, even if retired.		INDUSTRY	Balto.Md.		WHAT COUNTRY?
13	. FATHER'S				14. MOTHER'S MAIDEN N.		
		George !	T. T.e.C.	mnte	Ellender Foos		
15	. WAS DECEASE	D EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DDDCCC
(Ye	s, no or unknown)	(If yes, give war or dat	os of service)	SECURITY NO.			DDRESS
-	10 1				Miss Nellie I	ecompte 120	J4 DUKELAND
	18. 420	1			OF DEATH		ONSET AND DEATH
	DISEAS	E OR CONDITION LEADING TO DEA	TH	Chan	nary Thro	in brose i.	10 han)
	(This does	not mean the mode re, asthenia, etc. It mes	of dying, e. g	(A) COVO	way sive	"WOOLD	O NOW
	injury or	complication which	caused death	DUE TO	1		
		ANTECEDENT CAU	SE <b>S</b>	0	to dia 100	DAM (M)	1
Z	DICEACE	00 000000000		(B) U	come such		
ATION	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO			
	UNDERLY	ING CONDITION L	AST.	(C)	***************************************	***************************************	
RTIFIC		25 1055 1172					
E	OTHER S	II IGNIFICANT COND	ITIONS CON				
Ш	TRIBUTING	TO THE DEATH, BUT	NOT RELATE	D			
U	THE RESERVE OF THE PARTY OF THE	and the same of th	The second second	FINDINGS OF OPER	ATION		20, AUTOPSY?
AL		0					YES NO
EDICAL		ENT WAS UNDER	218. PLA	CE OF INJURY (e. g., i	or 21c. WHERE DID (	If in Baltimore City, g	ive exact location)
E	LYING OF	R CONTRIBUTING [] DEATH	about home, f	arm, factory, street, office bldg.,	te.) INJURY OCCUR?		
Σ	21D. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		,	WHILE AT NOT WHILE		**	
			m.	WORK AT WORK	do sto	2007	
	22. I hereby certify that I attended the deceased from any 27 1900, to and 27, 19 kd, that I last saw the						
	deceased alive on 27, 1953, and that death occurred at Q M. m., from the causes and on the date stated above						
	23A. SIGNA	mene	moi	tt M.D.	136 Poblar 9	with st	8/28/53
24	A. BURIAL,	REMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240 L	OCATION (City, town,	or county) (State)
11 .	Burial	0/37/	53	Baltimore	Pol	to. Md.	
D	ATE RECEIVE		'S SIGNATU	RE	25. FUNERAL DIRECTOR	to. Nd.	ADDRESS
L	CAL REGIST	RAR	on C	1 0:00	F. Howard Stron	ma 3907 W M	onth Ava
-	SEEDING OF SEEDING		1.6. 1	and but a	d Howard Deroi	TR OPOL M.W	OI OII AVO

Dr W J M- Durmitt

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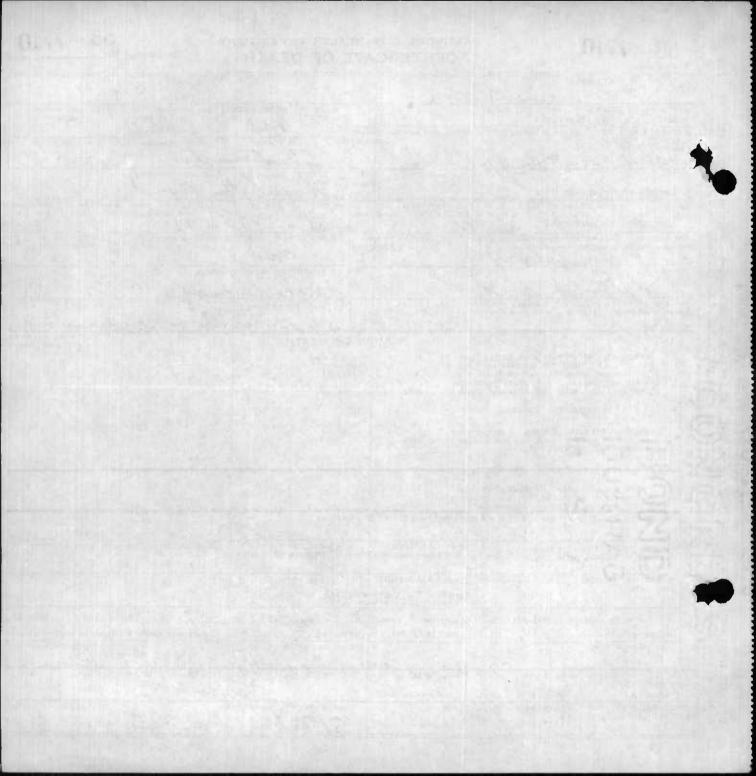
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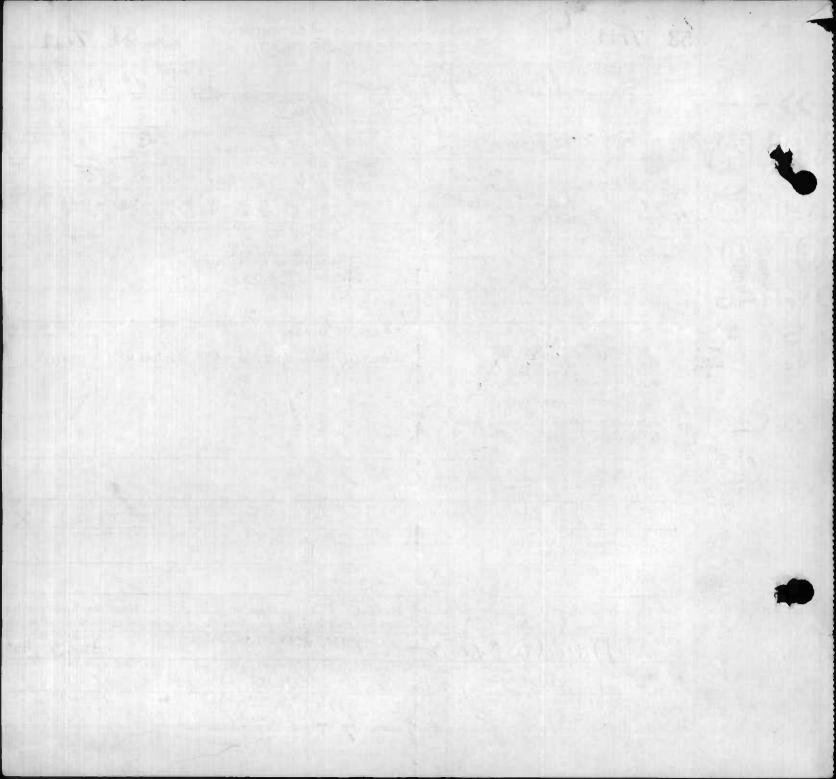
### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

	=0	h-1957 1
	33	1110
Registere	d No.	1 1100

The	BI	IRTH NO.	L OI DEATH
-		NAME OF DECEASED Type or Print)	2. DATE OF 9/20/5%
ied.		MR. LOUIS M. SIES	DEATH 0/30/33
supplied		. PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
suj		FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location	
ully	IN	NSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
品		UNION MEMORIAL HOSPITAL	Midmister (16
20		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
be le		Length of stay in Baltimore Days  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTY   9. AGE (In years   Il Under I Year   Il Under 24 Hours
		WIDOWED, DIVORCED (Specify	Lest 6 1875   last birthday) Months Days Hours Min.
should sarly an	_	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
		k done during most of working life, even if retired) INDUSTRY	WHAT COUNTRY?
tior h c	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
information s of death cl		Reten 21 Sins	Land It
of d		5. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL	17, INFORMANT ADDRESS
ins	(Yes	se, no or uaknown) (If yes, give war or detes of service) SECURITY NO.	1 - 11 - 11
em of causes			
		DISEASE OR CONDITION DIRECTLY	OF DEATH
y it		LEADING TO DEATH  (This does not mean the mode of dying, e. g., (A)	Courtes 17%
Every write th		heart failure, asthonia, etc. It means the disease,	
Ever		injury or complication which caused death.) DUE TO	
Se.	7	ANTECEDENT CAUSES	rated gostic ulin 48hrs
INK.	TIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Designation of the second of t
5 d	∢	UNDERLYING CONDITION LAST.	
NIC	ZI-	(C)	
UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
hys	EF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	0	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
WITH rtant.	AL	28 Au 53 Perfore tod	wall is Storach YES NO B
LY, WIT	DIC	21A. ACCIDENT WAS UNDER- 21B. PLACE OF INJURY (e.g.,	
npo	1EI	LYING OR CONTRIBUTING about home, farm, factory, street, office bidg.	INJURI OCCURI
日日	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY	RED 21F. HOW DID INJURY OCCUR?
		m. WHILE AT NOT WHILE AT NOT WHILE AT WORK	
PL. ecia			126/, 1952, to 8/30/, 1953, that I last saw the
0.			arred at 4 Am., from the eauses and on the date stated above.
WRITE e is es	4		23B. ADDRESS 23C. DATE SIGNED
W		NASCassiva Os M.D.	lucion warried for 30 Jug 33
E W	710	4A. BURIAL, CREMA- 24B, DATE 249 NAME OF CEMETE	
Asect		Dund Syst 1 1953/ Lusters	Canoll lo
PLEASE correct;		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
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	5	3 7711 BALTIMORE CITY HE	EALTH DEPARTME	NT 53	mriae	
e	U	CERTIFICATE OF DEATH Registered No.				
The		NAME OF DECEASED		2. DATE	10-3	
d.	(T	Type or Print) Moses o Nama	n	OF LUG-	30-171	
supplied.	3.	PLACE OF DEATH: Baltimore City, Maryland Thauer 2	4. MENAL RESIDENC	E (Where deceased lived, If in	stitution: residence before admission)	
dns	В.	FULL NAME OF (If not in hospital or institution, give street address or				
		OSPITAL OR IDEATION JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give	
efu]		33 HOPKINS HOSPITAT	D. STREET ADORESS	Manual mind wation	20	
carefully legibly.	C	. Length of stay in Baltimore 3 MOS.	100 1 /11.	est Tack	me	
d l	-	SEX 6. COLONOR RACE 7. SINGLE MARRIED.	8. DATE OF BIRTH	9. AGE (In years) If U	nder 1 Year   H Under 24 Hours	
ld	N	nale wite WIDOWED, DIVORCED (Specify)	3-8-62	last birthday) Mont	hs Days Hours Min.	
clearly an	10 work	DA. USUAL OCCUPATION (Givekiod of 10B. KIND OF BUSINESS OR kdepedugiog most of working lifegoven if retired) INDUSTRY	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF WHAT COUNTRY?	
(1)	1	Retired Clark (Vottung	Kussie	2	US.77.	
rmatic	13	3. FATHER'S NAME	14. MOTHER'S MAIDE	N NAME		
des		William naman	Blook	e Harche		
information of death cl	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  16. SECURITY NO.	17. INFORMANT	ADI	DRESS	
of			JOHNS HOPKIN	IC HOSPITAL		
m		12/1	OF DEATH	1100111115	ONSET AND DEATH	
ite		DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	uma head	1 1 saucreas	Cours.	
Every ite		v · uc ,				
Ever		injury or complication which caused death.) DUE TO				
	Z	ANTECEDENT CAUSES				
INK.	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	•		*****	
7. C	ATI	UNDERLYING CONDITION LAST.				
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UNFADING Physicians:	RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	9			
Phy	CE	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
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. 0	EDI	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)				
LY	Z	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?		
TI A		OF INJURY WHILE AT NOT WHI	LE			
ITE PLAIN especially		0	4 1953, to	8-30 153	that I last saw the	
0		22. I hereby certify that I attended the deceased from bedeceased alive on 30, 1953, and that death occur	ared at 2 30 m. fre	om the causes and on the	date stated above	
S e		23A. SIGNATURE	SHIND PROPERTIES HO		23c. DATE SIGNED	
E WRITE		M.D.			True, 30, 953	
SE	7 TM	44. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24	D. LOCATION (City, town, o	r county) (State)	
PLEASE correct ag	10	moural 0/20/23 ( Well of 1/1	ocancives.	Long Whane	e 10.y.	
7	L	OCAL REGISTRAR REGISTRAR'S SIGNATURE	25 FUNERAL DIRECT	1/11/1 1101/10 -	ADDRESS ()	
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PL	1	vs 150	Milling wery	DREW // 1411. /	alla con	



B. COUNTY before admission) (If outside corporate limits, write RURAL and give Carroll 9. AGE (In years) II Under 1 Year last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 1953 that I last saw the Onice menani 23c. DATE SIGNED

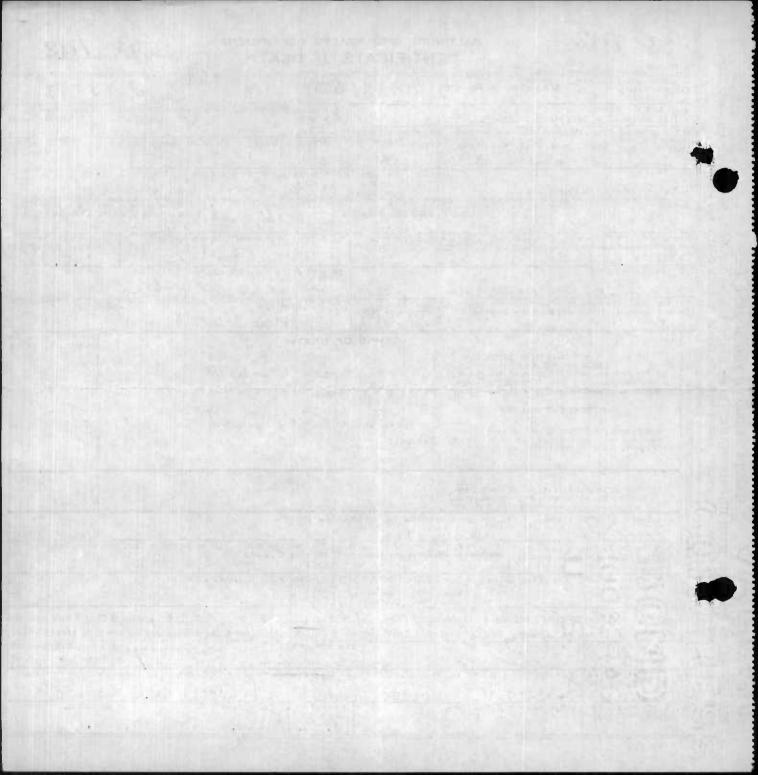
ADDRESS

Winfield, Md.

VS 150

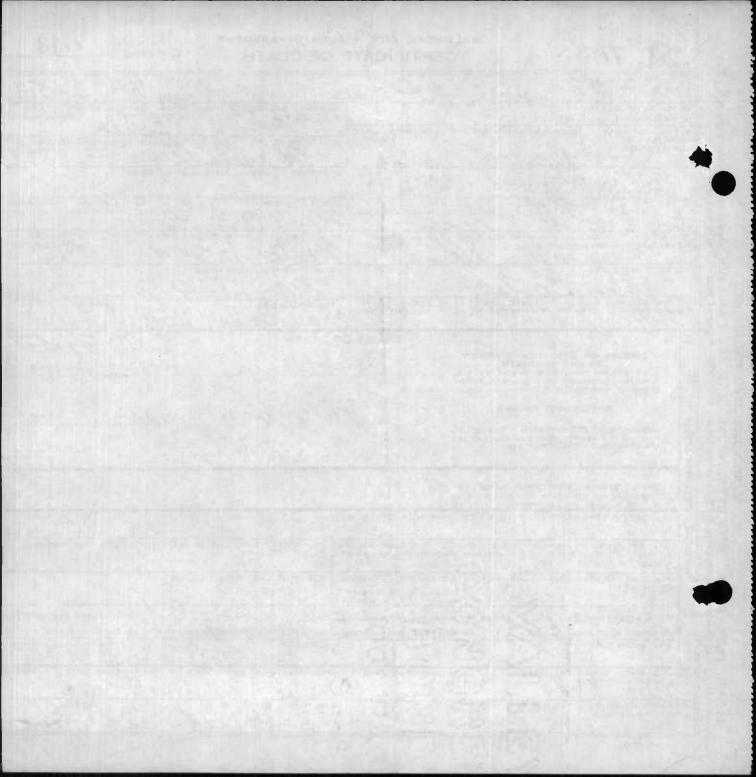
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lie lie	T	3-240	BALTIMORE CITY H	EALTH DEPARTMENT E OF DEATH	53 Registered No	771.3
nar.	(T	NAME OF DECEASED Spe or Print) PLACE OF DEATH:	seth Bosley	4. USUAL RESIDENCE (W		30-53
ddns	A. B.	Baltimore City, Maryland	or institution, give street address or	A. STATE Md.	B. COPUTY	before admission)
		ISTITUTION CALLERON	od Newstag.	Whelele	outside of orate limits,	township)
legib	c.	Length of stay in Baltimore	oe loza Mos. Days		ural, give location)	500
ly and	3	emale white	7. SINGLE, MARNED. WIDOWED, DIVERCED (Specify)	may 0,1000	last birthday) Mont	der i Yeer hs Days Hours Min.
clear	work	done dynth most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	Mule De Hell	Peign country)	2. CITIZEN OF
death		adus Bost	leel	Mary T	larce	
g o	15 (Yes	5. WAY DECEASED EVER IN U. S. ARMED s, ne or unknown) (If yoe, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Class. Bosley.	7105/1000	DRESS BO-
e causes		18. 334 X DISEASE OR CONDITION D	IRECTLY	OF DEATH	Ballo	HATEBYAL BYTWEEN DEATH
ite th		LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which care	dying, e. g., (A)s the disease,	revalence	nosclera	eg tedefente
	7	ANTECEDENT CAUSE		arterio-se	levois	Indefunde
please:	ATION	DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAS	TATING THE DUE TO	Semlete	***************************************	Indehuite.
Physicians:	TIFIC	11	(c)			
Phys	CER	OTHER SIGNIFICANT CONDIT TRIBUTING TO THE DEATH, BUT N TO THE DISEASE OR CONDITION	OT RELATED CAUSING IT.	<		
ant.	EDICAL	home	B. MAJOR FINDINGS OF OPE	>	J. D.W C'.	YES NO W
important.	MEDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,		in Baltimore City, giv	e exact location)
o de di		21D. TIME (Month) (Day) (Year) (OF INJURY	Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE  M. WORK ANWORK		OCCUR?	
is especie		22. I hereby certify that I atte	nded the deceased from h	arelino, 1950 to 2-8	august, 1963	that I last saw the
is is		23A. SIGNATURE		23B. ADDRESPORT	M.	23c. DATE SIGNED
28	24 TIC	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	13 WORLE	ERY OF CREMATORY 24p. LO	RATION Wity, town, or	(State)
correct		ATE RECEIVED BY REGISTRAR'S OCAL REGISTRAR	SIGNATURE CONTRACTOR	25. FUNEAAL DIRECTOR	ooly Sha	ADDRESS MOL
		VS 150				1



PLEASE correct

LOCAL REGISTRAR

803.4

V S 151

Louise Bell- 648 W. Favette Street INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) thereon and from Autopsy, Inspection or Inquiry 23c. DATE SIGNED 24D. LOCATION (City, town, or county) 25 FUNERAL DIRECTOR ADDRESS

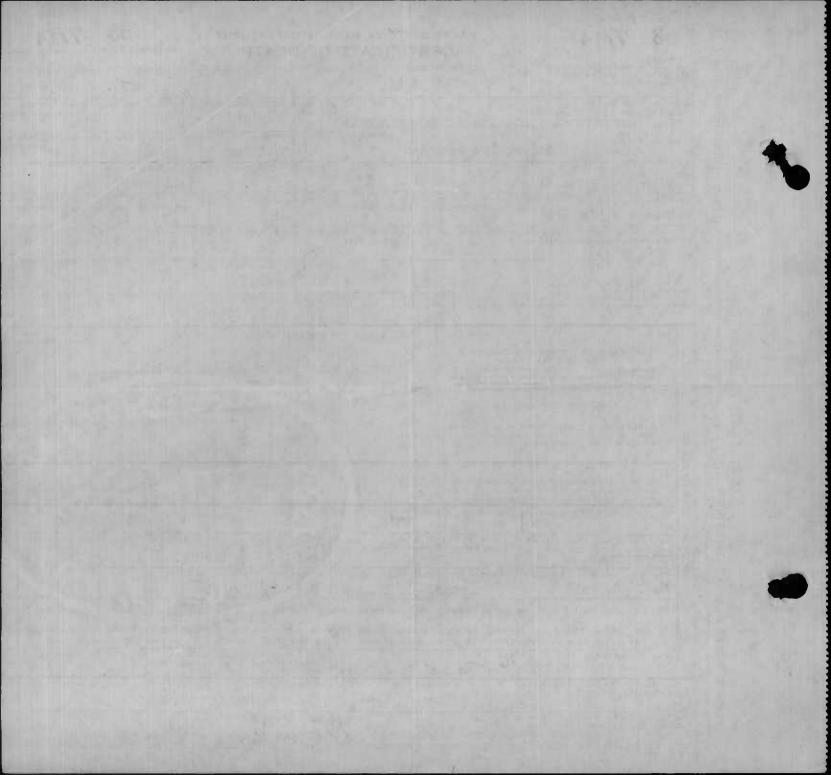
Aug. 28, 1953

12. CITIZEN OF

ADDRESS

WHAT COUNTRY?

before admission)



CERTIFIC

MEDICAL

1	K	2450		
	0	53 7715 BALTIMORE CITY HE		53 7715
	BI	RTH NO. CERTIFICAT	E OF DEATH Re	gistered No.
		NAME OF DECEASED John PAlic	2. DATE OF DEAT	(1. 1. 907 15t-
	Α.	Baltimore City, Maryland BA/4, move	4. USUAL RESIDENCE (Where decea	sed lived institution: residence OUNTY before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If outside cor	porate limits, write RURAL and give
	IN	2506 Terra Firma Rd.	BALtimore	) ownship)
		Yrs. Mos.	D. STREET ADDRESS (If rural, give	location)
108		Length of stay in Baltimore 34 years. Days	2506 lerra	firmA ROAd
7	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (last bi	In years If Under 1 Year If Under 24 Hours rthday) Months Days Hours Min.
ر د	h	MAIL METRO MArried	3-11-1877 7	6 5 16
T COL	work	A. USUAL OCCUPATION (Give kind of tobs. KIND OF BUSINESS OR done during most of working life, even if retired)  INDUSTRY	II. BIRTHPLACE (State or foreign coun	try) 12. CITIZEN OF WHAT COUNTRY?
1	-	heAborer hone.	Elizabeth lity, M.	C. U.S. A.
CA LAA	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
n n		MATHAN PAIN	Mardine tor	4
5	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 2)8 SECURITY NO.	17. INFORMANT	ADDRESS
200		no.   218-10-4087 A	Alice PAlin.	SAME
ran		18. 420.0 CAUSE	OF DEATH	INTERVAL BETWEEN
2		DISEASE OR CONDITION DIRECTLY	a Hair har ha	-6:1:1 11 3
מרכ ה		(This does not mean the mode of dying, e.g., (A)	e morrhagic me	phritis 4 Days.
MT			, , , h	MINISTER WILLIAM
00	7	ANTECEDENT CAUSES	ebral Accid	ent
pica	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	taria Salaratis A	lonet

	OT	HER	SIGN	IFICA	NT C	ONDI	TION	IS Co	N.
	TRI	BUT	NG TO	THE	DEATH.	BUT	NOT	RELAT	TED
	TO	THE	DISEA	SE OR	COND	ITION	CAU	SING	IT.
_							and the same		

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

OF INJURY WHILE AT NOT WHILE WORK AT WORK

27 1953, that I last saw the 22. I hereby certify that I attended the deceased from Aug 19.53 to

deceased alive on may	, 19.22. and that dea	th occurred at series, from the car	uses and on the date stated above
23A. SIGNATURE J	c. Luck	M.D. 427 SWALE AVE	23c. DATE SIGNED 8-27-53

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

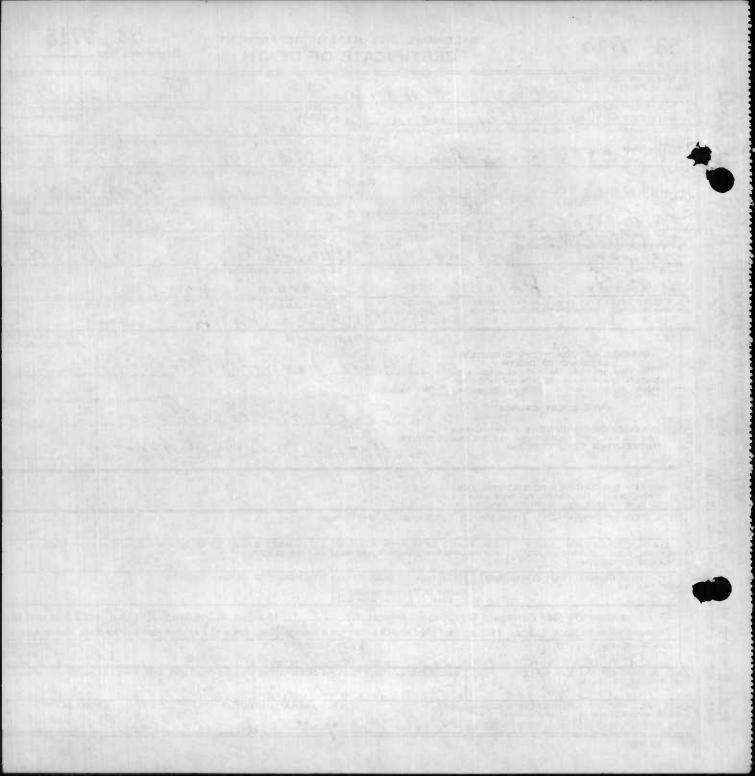
24c. NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county)

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR

VS 150

20. AUTOPSY

(State)



MARGIN RESERVED FOR BINDING

# BALTIMORE CITY HEALTH DEPARTMENT

53 Registered No. 7716

1					L.	59 mm1 = 0	
-	53 77	RTMENT Registered	7716				
Bi	RTH NO.		CERTIFICATI	E OF DEA	117		
	NAME OF Dippe or Print)	) OS E	PH PORACH.S	ir.	2. DATE OF DEATH	GUST 29, 1953	
A.	PLACE OF DE Baltimore C	City, Maryland	BALTIMORE.	A. STATE	IDENCE (Where deceased lived,	before admission)	
B.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR MONTEBELLO HOSPITAL location)				LAND. BALTI		
	STITUTION	MONTEISE	LLO HOSPITAL MANON		WN (If outside corporate line (I MORE.	mits, write RURAL and give	
	JI M	ONTEBELLO	HOSPITAL YES.		ORESS (If rural, give location)		
- Indiana	Length of st	tay in Baltimore	Days	4302 E	. LOIYBARD STREET		
5.	NALE	WHITE.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	JUNE 12,	' last hirthday)	If Under 1 Year If Under 24 Hours Months Days Hours Min.	
10	A. USUAL OC	CUPATION (Give kind of)	108. KIND OF BUSINESS OR		E (State or foreign country)	12. CITIZEN OF	
MOL	done during most o	of working life, even if retired)	INDUSTRY	CHECKO	SLOVACHIA.	WHAT COUNTRY!	
13	. FATHER'S N	IAME		14. MOTHER'S	MAIDEN NAME	United Office	
		STEVE.		SUZZA	ANNE KOCH.		
(Ye	, no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or dated	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	TAL RECORD	ADDRESS	
	18. 581.0 . CAUSE OF DEATH						
	DISEAS	E OR CONDITION	DIRECTLY			DNSET AND DEATH	
	(This does	not mean the mode o	f dying, e.g., (A) 3RO	NCHOPNI	EUMONIA.	3 days.	
		re, asthonia, etc. It mea complication which c	aused death.) DUE TO URF	MIC POIS	MIC POISONING.		
		ANTECEDENT CAUS	SES	0000-50	145400		
Z	DIGE COL		(B) GEIVE	MALIZEU	ARTERIOSCLEROS	IS YEARS.	
I O	RISE TO TI	OR CONDITIONS, IN					
CATION	UNDERLY	ING CONDITION LA	(c) PORT	RAL CIR	RHOSIS.	YEARS.	
ERTIFIC		II NIFICANT CONDITIONS DEATH BUT NOT F		-			
C	DISEASE O	R CONDITION CAUSING	1T				
AL	19a. DATE O		98. CONDITION FOR WHICH OF VAS PERFORMED		IF OPERATION WAS RELATED CAUSE DF DEATH, ENTER PART I OR PART II	YES NO T	
1EDIC	OR CONTRIE	ENT WAS UNDERLY! BUTING CAUSE OF	about home, farm, factory, stract, office	e. g., in or 21C. Wilbidg., etc.)	HERE DID (If in Baltimore Ci	ity, give exact location)	
2		Month) (Day) (Year)	(Hour)   21E. INJURY OCCURRI	ED 21F. HO	W DID INJURY OCCUR?		
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK							
	22. I hereb	y certify that I att	cended the deceased from Ju	Ly 30 , 19	5.1, to AUGUST 29, 19	53, that I last saw the	
	deceased al	live on August 29	7, 1953 and that death occur	rred at 200 A	m., from the causes and or	the date stated above.	
Paul List. M.D. 23B. ADDRESS MONTEBELLO HOSPITAL BALTO, HIL A							
2.	4A. BURIAL, C	CREMA- 248. DATE	24C. NAME OF CEMETE			wn, or county) (State)	
TI	ON REMOVAL (S	Decity) 9-1-	5:3 84 18	conislan	o Ballo	- and	
	ATE RECEIVE		SSIGNATURE	25 FUNERAL D		ADDRESS	
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PLEASE

Registered No. FICATE OF DEATH BIRTH NO 2. DATE I. NAME OF DECEASED (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OF TOWN Yrs. D. STREET ADDRESS did rural, give location Mos. c. Length of stay in Baltimore Dava 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If linder | Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Marrie 10A. USUAL OCCUPATION (Give kind of) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL MEORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 18. 443X CAUSE OF FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, MARGIN RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ü DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED PART I OR PART II 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш DEATH (NOTIFY MEDICAL EXAMINER) 21D TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE

WORK

22. I hereby certify that I attended the deceased from\_

19.

REGISTRAR'S SIGNATURE

ONSET AND IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN AT WORK 19 Shat I last saw the and that death occurred at 2:30 Am., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED NAME OF CEMETERY OR CHEMATORY 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR

before admission)

CITIZEN OF

WHAT COUNTRY

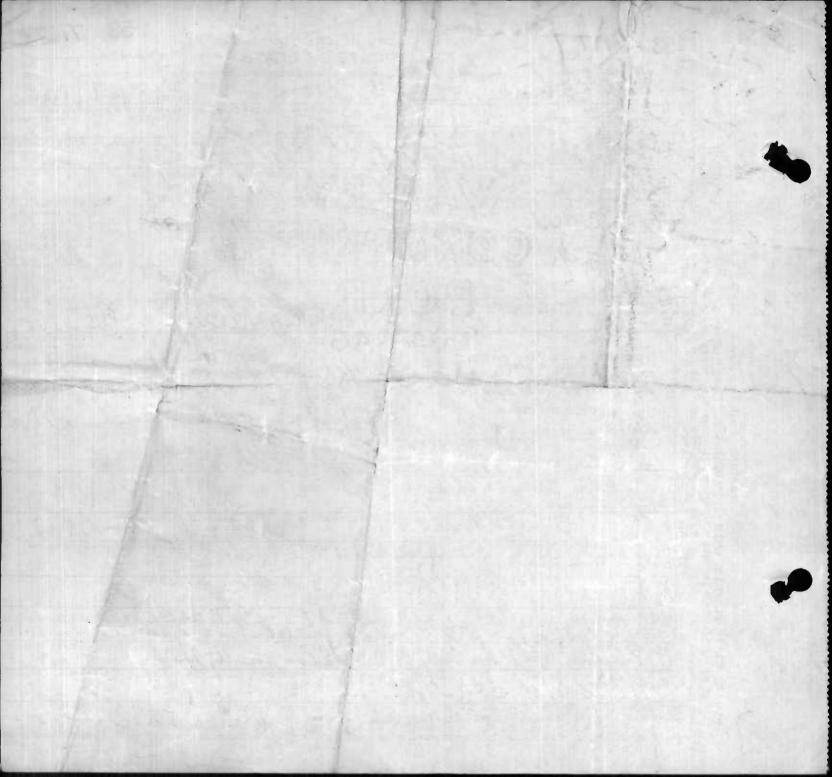
LOCAL REGISTRAR VS 150

DATE RECEIVED BY

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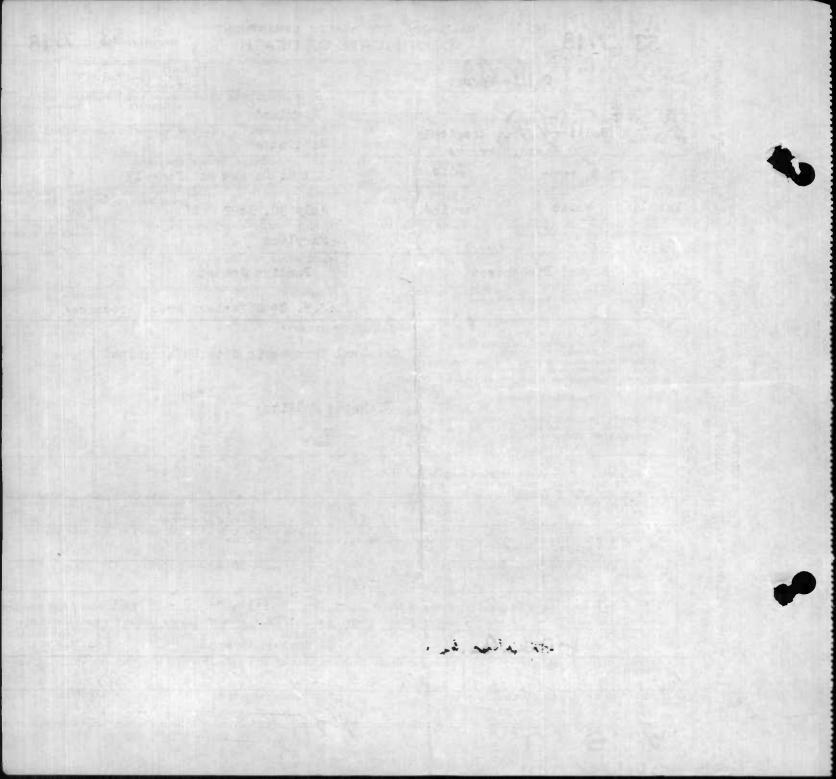
23A SIGNATURE

24A BURIAL CR



W- 656 53. AB 7718868	
1. NAME OF DECEASED (Type or Print)	3
3. PLACE OF DEATH: A. Baltimore City, Marylar	7
B FULL NAME OF (If not in	1

The	BIRTH NO.	AB' - 173868	CENTIFICAT	L OI BEATH	3.0		
H	1. NAME C	F DECEASED		2. DATE 9 20	3000		
ed.	(Type or Pr	Val.	rie Werner	DEATH	-1953		
carefully supplied.	3. PLACE C	of DEATH: re City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If	institution : residence before admission)		
dns	B. FULL NA	ME OF (If not in ho	spital or institution, give street address of	Mariana 3 and 3	berore wantsoron,		
A I	HOSPITAL	OR Baltimore	City Hospitals location	C. CITT ON TOWN (II deside corporate min	ts, write RURAL and give		
full y.	6 1	4940 East		Baltimore	- 06 township)		
are	37 1		Life Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
leg l		of stay in Baltimor	Days				
should be carefu	5. SEX Female	6.COLOR OR RAI	WIDOWED, DIVORCED (Specify Married	July 30, 1892 61 61   61	t Under 1 Year on the Under 24 Hours on the Days Hours Min.		
sho	10A. USUAI	OCCUPATION (Giveking most of working life, even if reli	dof 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
cle	House	work	at Hormle	Maryland	u S-A.		
ati	13. FATHER			14. MOTHER'S MAIDEN NAME			
dea		Edward Rich	nardson	Pauline Johnson			
information shouls of death clearly	15. WAS DE	CEASED EVER IN U. S. AR	MED FORCES? 16. SOCIAL dates of service) SECURITY NO.		DDRESS		
f i	20		SESSITI NO.	B.C.H. 4940 Eastern Ave. (re	ecords)		
ry item of i	18. 2	60X .	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
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ry th	(This	does not mean the mod	le of dying, e.g., (A)	al Thrombosis Site Undetermine	90.		
Every write th	injur	failure, asthenia, etc. It : or complication which	h caused death.) DUE TO				
- 11		ANTECEDENT CA	AUSES				
INK. please	Z			tes Mellitus			
ple	RISE	ASES OR CONDITION: TO THE ABOVE CAUSE	A) STATING THE DUE TO				
S.S.	S OND	ERLYING CONDITION	(C)				
UNFADING Physicians:	E OTHE	-11					
FA		R SIGNIFICANT CONDITE	NS CONTRIBUTING				
No.	DISEA	SE OR CONDITION CAUS	ING IT				
H-1	19A. DA	TE OF OPERATION	19B. CONDITION FOR WHICH O WAS PERFORMED	CAUSE OF DEATH, ENTER PART I OR PART II	IN YES NO		
. 0	DEATH	CIDENT WAS UNDER TRIBUTING CAUSE (NOTIFY MEDICAL EXAM	LYING 218. PLACE OF INJURY OF ahout home, farm, factory, street, office INER)	(e. g., in or obldg.,etc.)  21C. WHERE DID (If in Baltimore City INJURY OCCUR?	, give exact location)		
N.E.	21D. TIN	IE (Month) (Day) (Ye					
AIIy			mi. WHILE AT NOT WH				
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?  WHILE AT WORK 22. I hereby certify that I attended the deceased from 8-26-, 1953, to 8-29-, 1953							
E de	deceas	ed alive on 8 -	9 -19 53, and that death occu	rred at 8:20Am., from the causes and on t			
WRITE e is est		SNATURE	Λ	238. ADDRESS 4940 Eastern Avenue	23c. DATE SIGNED		
ge W		47 1/2	M. D.		8-29-1953		
五 4	ZAA. BURI	AL, CREMA- 24B DAT AL (Specify)		0	, or county) (State)		
40	Burial	DELOT	2,700	endley Ballemone 45	ud .		
PLE, corre	DATE REC	SISTRAR   REGISTR	AR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
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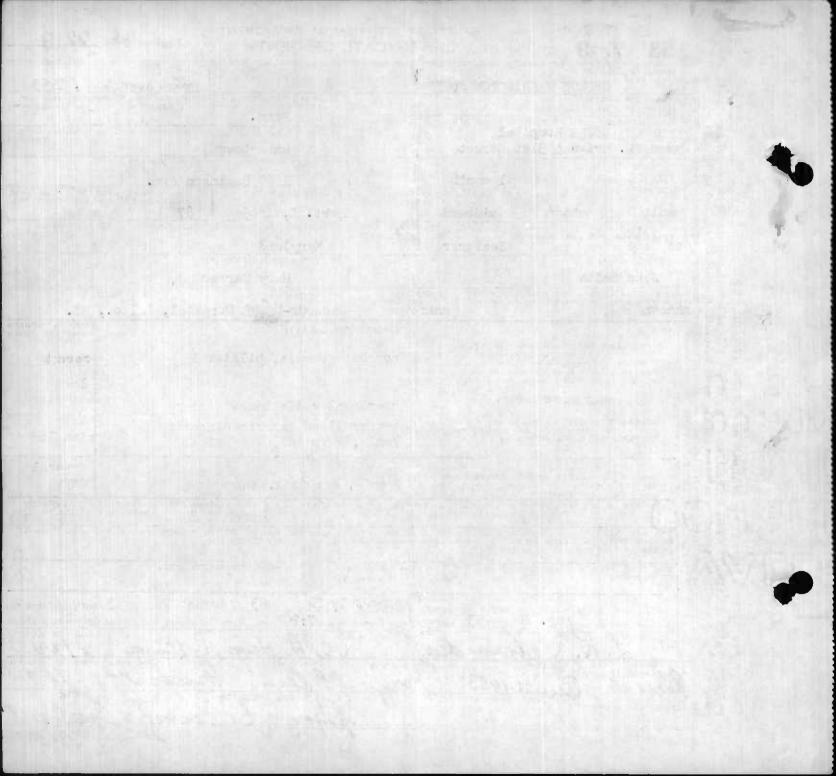


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BIR713 NO.	77	19	

	Registered No.	7719
1		

	BII	5340. 7	7719		CERTIFICATE	E OF DEA	TH	Registered	No.	4.3
	1. NAME OF DECEASED (Type or Print) GEORGE WASHINGTON SMITH  2. DATE OF DEATH AU									1953
	A. ]	PLACE OF D Baltimore (	City, Maryland			A. STATE		here deceased lived. B. COUNTY	If Institutio	
	HO	STITUTION	USPHS Hospita	al	ion, give street address or location)	c. CITY OR TOV	WN (If	outside corporate lin	nits, write H	RURAL and give townshlp)
yıy.	My	man Pk.	Drive & 31st	Street	Yrs.		ertown DRESS (Ifr	rural, give location)		
legi			stay in Baltimore	1 month	h Mos. Days	152	O Robin	son Ave.		
and		male	6.COLOR OR RACE white	7. SINGLE WIDOW	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIR	<b>РТН</b>	9 AGE (In years)	Months Da	r H Under 24 Hours ys Hours Min.
death clearly and legibly	rork	A. USUAL OC done during most	CCUPATION (Give kind of tof working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or for			IZEN OF
h c	-	. FATHER'S	NAME	Dearen	51	14. MOTHER'S		ME	TUCA	
lear		John S	Smith			Mar	y Darma	n		V
ot	15, Yes <b>n</b> k	. WAS DECEAS , no or unknown) NOWN	SED EVER IN U.S. ARMED (If yes, give war or dates	) FORCES? s of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT	T	pital, Balt	ADDRESS	
anse	T	18. 420				OF DEATH			INTE	ERVAL BETWEEN
the c		DISEAS	SE OR CONDITION LEADING TO DEAT s not mean the mode of	TH of dying, e. g.	6.1	pneumonia,	bilater	al		cent
write the causes		heart fam Injury or	ure, asthenia, etc. It mea complication which c ANTECEDENT CAUS	caused death.	).) DUE TO		. 24			ong anding
ase	Z	DISFASE	S OR CONDITIONS, II			sclerotic h				ong
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	AL C	19A. DATE C	OF OPERATION 1	19B. CONDITAL PERFORMANT			PART I O	TION WAS RELATED F DEATH, ENTER OR PART II	YES	AUTOPSY?
portar	EDIC	OR CONTRI	DENT WAS UNDERLYING CAUSE OF	F about h	B. PLACE OF INJURY ( home, farm, factory, street, office		HERE DID (	If in Baltimore Ci	ty, give ex	act location)
especially important.	Σ	OF INJURY		m.	21E. INJURY OCCURNI WHILE AT NOT WHILE WORK AT WORK	ILE C		URY OCCUR?		
specia		22. I herel	by certify that I at	tended the	and that death occur	11y 24 , 19	53, to Au	gust 28, 19	53 that	I last saw the
IS.		23A. SI NA	TURP CL	nou	des M.D.	US PHS H	toop.	Baltimor	230	Z9/J3
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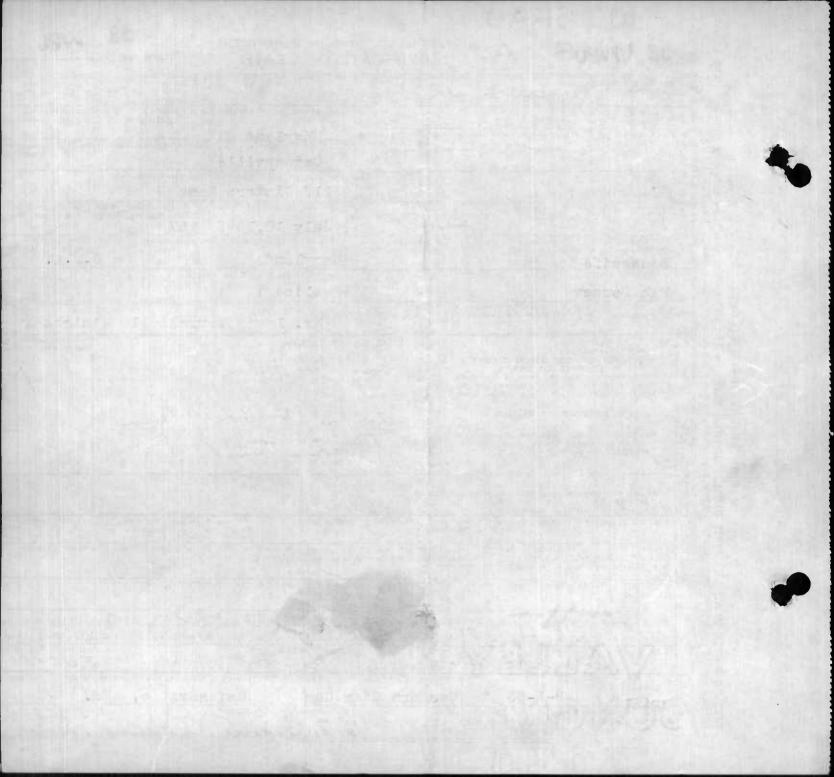


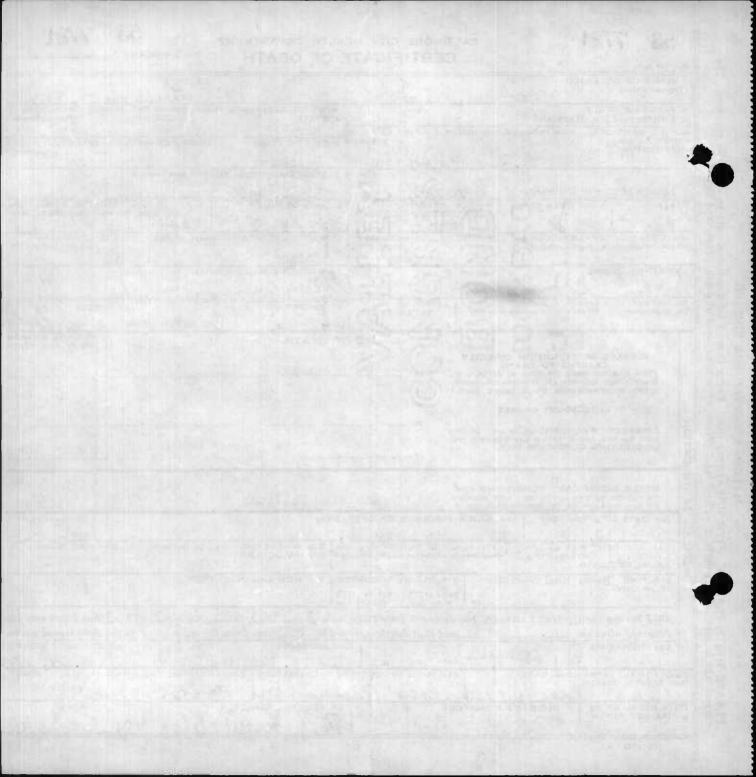
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# BALTIMORE CITY HEALTH DEPARTMENT

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The	Ві	RTH NO.	720		CERTIFICA	IE OF	DEATH	, aregiste	102	
	1. (T	NAME OF D ype or Print)	Rebecc	Three	el TER	RELL		2. DATE OF DEATH	8-0	-8 -53
supplied.		PLACE OF D Baltimore (	City, Maryland			4. US A. ST	SUAL RESIDENCE	E (Where deceased liv B. COUNT		ution : residence before admission)
sni	В.	FULL NAME		pital or institu	tion, give street address	1	arvland	12		MARC
	IN	STITUTION	Universi	- H	locat	c. CI	TY OR TOWN	(If outside corporate	e iimits, writ	te RURAL and give township)
carefully egibly.		24	Annew Million	0			atonsvill			to with the
ribl		2				00 -		(If rural, give location	on)	262
leg Jeg	c.	Length of s	tay in Baltimore			ays   11	9 Winters	Lane	- 2	
should be carefu	5.	SEX	6.COLOR OR RAC		E, MARRIED. VED, DIVORCED (Sp	cify)	TE OF BIRTH  1y 18, 189		ars if Under I	Year If Under 24 Hours Days Hours Min.
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Q)	worl		of working life, even if reti	red)	INDUS		vland		II	S.A.
ior h c	13	HOUSEW FATHER'S					OTHER'S MAIDE	N NAME		
VDING information of death cl		Mah Do					lice ?			
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NI ir	(10	s, no or unknown;	(11 yes, give war or	iates of service)	SECURITY N	M M	r. Lewis	Terrell l'	19 Wir	nters Av
R BIN em of i		18. 237	V		CALIS	E OF DI	TATU		[1]	NTERVAL BETWEEN
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	RTIFICATION	(This does heart failu injury or DISEASE. RISE TO TUNDERLY	SE OR CONDITIO LEADING TO D In not mean the more are, asthenia, etc. It is complication whice ANTECEDENT CA S OR CONDITIONS THE ABOVE CAUSE YING CONDITION IN CON	EATH le of dying, e. neans the disea h caused death MUSES 5, IF ANY, GIVI A) STATING T LAST.	g., (A)	j k Brani	Polan Lun	ay dle		
	U		OF OPERATION		ITION FOR WHICH	OPERATI	ON IFO	PERATION WAS RELA	TED TD 1	20, AUTOPSY?
E E	AL.		v	WAS PERFO			CAUS	SE OF DEATH, ENT	INI	YES ND
ILY, WITH important.	MEDICAL	OR CONTRI	ENT WAS UNDER BUTING CAUSE TIFY MEDICAL EXAM	OF about	B. PLACE OF INJUF home, farm, factory, street,	Y (e. g., in o	21c. WHERE E	ID (If in Baitimore		
FE PLAINLY, especially impo	2	21D TIME OF INJURY	(Month) (Day) (Ye	ear) (Hour) m.		RRED WHILE	21F, HOW DID	INJURY OCCUR?		
PL		22. I herel	by certify that I	attended the	dcceased from_	F-9	7 1953 to	3-28	1953, the	at I last saw the
		deceased a	A - 1	19 53	and that death o	ccurred at	10 7 m. fre	om the causes and	,	
RI		23A. SIGNA		n. A	W.D	23в. АД		- Hogs.		C. DATE SIGNED
0.0		4A. BURIAL,		E	246 NAME OF CEM	ETERY DR	CREMATORY 24	d LOCATION (City,	, town, or co	ounty) (State)
ASJ et		ON, REMOVAL (	Specify) 9-1-	53	Western St	ar Ca	m Cs	atonsville	. Md.	
LEASE rrect a	D	ATE RECEIVE		AR'S SIGNAT		K25. F	UNERAL DIRECT	OR		DRESS 578W

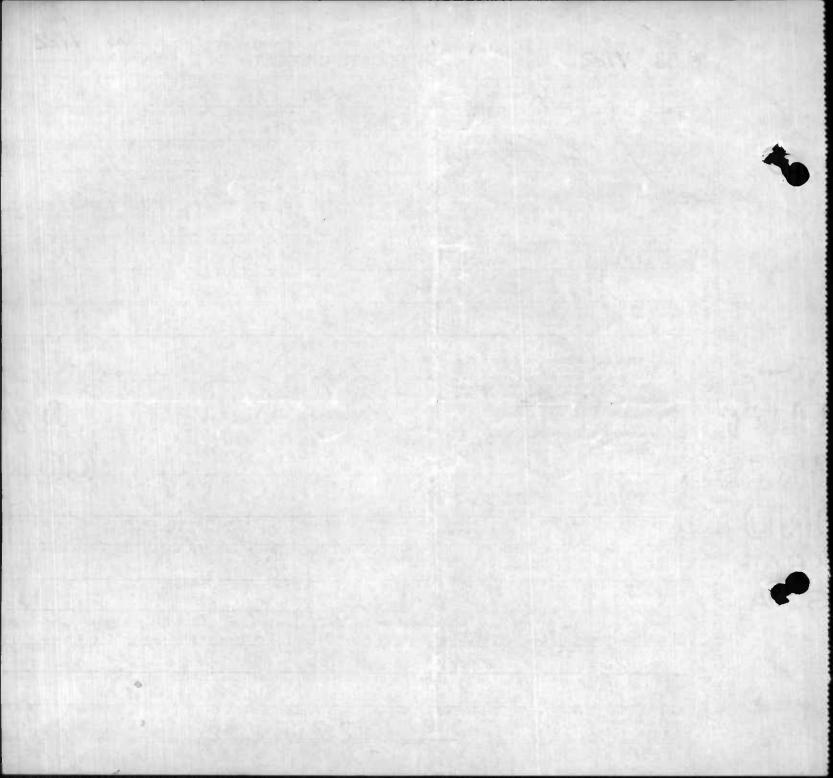




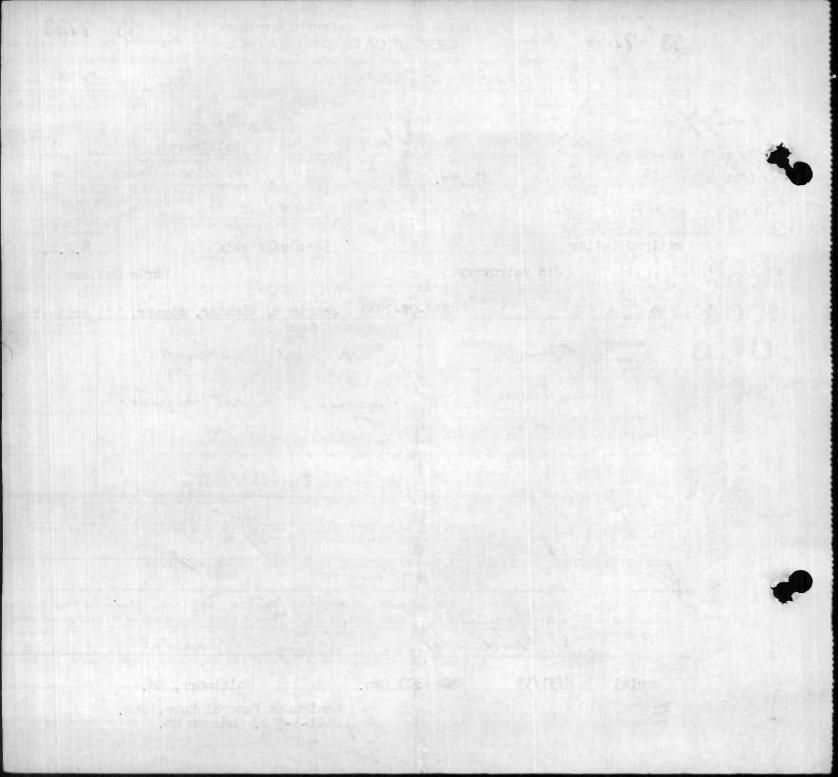
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LOCAL REGISTRAR Ub 31 VS 150

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Hosp, location)	C. CITY OR TOV		outside corporate l	imits, wr	ite RURAI	L and give township)
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nt home, farm, factory, street, office	VAUCAI ('336''8819	OCCUR7				
21E. INJURY OCCURRE	ED 215 HO	W DID IN	JURY OCCUR?			
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690 34	ne a	4	7			



		V-	361	BAI		723 EALTH DEPARTME		3. 7723
The	_	RTH NO.	(C)		CERTIFICAT	E OF DEATH	Registered	No.
		NAME OF D	ECEASED VOSA	PH	VETROVE	KY.	2. DATE OF DEATH	4.28-6.1453
pplie	A.		City, Maryland	1 11 11 11 11		A. STATE	B. COUNTY	f institution : residence before admission)
ly su	H	FULL NAME OSPITAL OR ISTITUTION	SINA!	25 PIY	cion, give street address o	c. CITY OR TOWN		its, write RURAL and give township)
refulibly.	-	42			Yrs.	D. STREET ADDRESS	1.9	-04
e ca leg	-		tay in Baltimore	51 y	Mos. Days		1. WASHINGTO	9
should be carefully supplied arly and legibly.		M	6. COLOR OR RACE	WIDOV	E, MARRIED. VED, DIVORCED (Specify	2117/83	68	Months Days Hours Min.
(1)	WOF	A. USUAL OC k deceduring most retired t	CUPATION (Give kind of of working life, even if retired)	108. KINI	O OF BUSINESS OR INDUSTR'			12. CITIZEN OF WHAT COUNTRY?
IDING information of death ch	1	FATHER'S	NAME			Czechoslova 14. MOTHER'S MAIDI	EN NAME	U.S.A.
ING formati f death	15	WAS DECEAS	Jan ve	trovsky	I 16. SOCIAL			Muzikov /
BINDING of inform	(Ye	no or unknown)	(If yes, give war or date	s of service)	218-07-3920	Jennie M. Ri	chter, sister,	719 Arlington
MARGIN RESERVED FOR I UNFADING INK. Every item Physicians: please write the cau	ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE						
₩.	AL C				TION FOR WHICH C	CAU	OPERATION WAS RELATED USE OF DEATH, ENTER RT I OR PART II	
LY, WITH important.	EDIC	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about	B. PLACE OF INJURY bome, farm, factory, street, office		DID (If in Baltimore Cit UR?	y, give exact location)
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PLEASE WRITE PL		deceased a	TURE TO THE	ended the	deceased from Cand that death occu	red at 3: 70m., fr	rom the fauses and on Hospital	the date stated above.  23c DATE SIGNED 28 53.
ASE et ag	TI	on, REMOVAL (S Burial	CREMA: 24B. DATE Specify) 8/31/53		0ak Hill Cem.		24D. LOCATION (City, tow	on, or coupty) /(State)
PLEAS correct		ATE RECEIVE OCAL REGIST	D BY   REGISTRAR	S SIGNATI			neral Home, Inc	ADDRESS
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			ALTH DEPARTMENT			
NO.		CERTIFICATI	E OF DEATH	Registered N		
ME OF DECEASED				2. DATE		
r Print) Novek	Rudolr	h		DEATH Angus	+ 20 1053	
CE OF DEATH:		1	4. USUAL RESIDENCE (V			
timore City, Maryland			A. STATE	B. COUNTY	before admission)	
L NAME OF (If not in hospital TAL OR	or instituti	on, give street address or location)	c. CITY OR TOWN (If	nd		
CITIZNIX		ioca tion)	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township)	
St. Jos	sorh!s		Baltim	ore 20	000	
41		Yrs.	D. STREET ADDRESS (If	rurai, give location)		
gth of stay in Baltimore	li	fe Mos.	2882 M	ayfiled Aven	110	
6. COLOR OR RACE		. MARRIED.	8. DATE OF BIRTH	9. AGE (in years) If	Under 1 Year   If Under 24 Hours	
705		ED, DIVORCED (Specify)	May 1, 1882	last birthday) Mo	nths Days Hours Min.	
SUAL OCCUPATION (Give kind of		ried of BUSINESS OR	11. BIRTHPLACE (State or fo	maiora accentant)	10 01717511 05	
during most of working life, even if retired)	IOB, KIND	INDUSTRY	11. BIRTHPLACE (State of 10	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
rietor of Filling	OWI	n business	Baltimore Ma	ryland		
THER'S NAME Station	18.15		14. MOTHER'S MAIDEN N.	AME		
John	Novak		Unknown			
S DECEASED EVER IN U. S. ARMED runknown) (If yes, give wer or detes	FORCES?	16. SOCIAL	17. INFORMANT	Al	DDRESS	
no	1 BG: V100)	SECURITY NO.	Rudolph F. Novak	, son, 4901 W	Walther Blvd.	
5643		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEASE OR CONDITION D					OHOLI AND DEATH	
LEADING TO DEATH	dving, e.g	. Arterio	sclerotic cardio	vascular dis-		
heart failure, asthenia, etc. It means	the disease	a	1		*******	
njury or complication which can	used death.	i puera and		ease		
ANTECEDENT CAUSE	S					
NOTACES OF COMPLETE		(B) .S.trangu	lated incisional.	hernia		
DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S						

UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20, AUTOPSY YES LE

August 28, 1953
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING Ventral hernia strangulated

218. PLACE OF INJURY (e.g., in off 21c. WHERE DID
about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) CAUSE OF DEATH

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY

NOT WHILE

, 1953, to August 29 , 1953 that I last saw the 22. I hereby certify that I attended the deceased from August 28 , 19 53 and that death occurred at 10:25am., from the causes and on the date stated above. deccased alive on Aug. 29 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY Burial Sept. 1. 1953 | Oak Hill

write you

24D. LOCATION (City, town, or county)

Baltimore, Md REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

Schimunek, Funeral Home, Inc. 2601-3-5-E. Madison St.

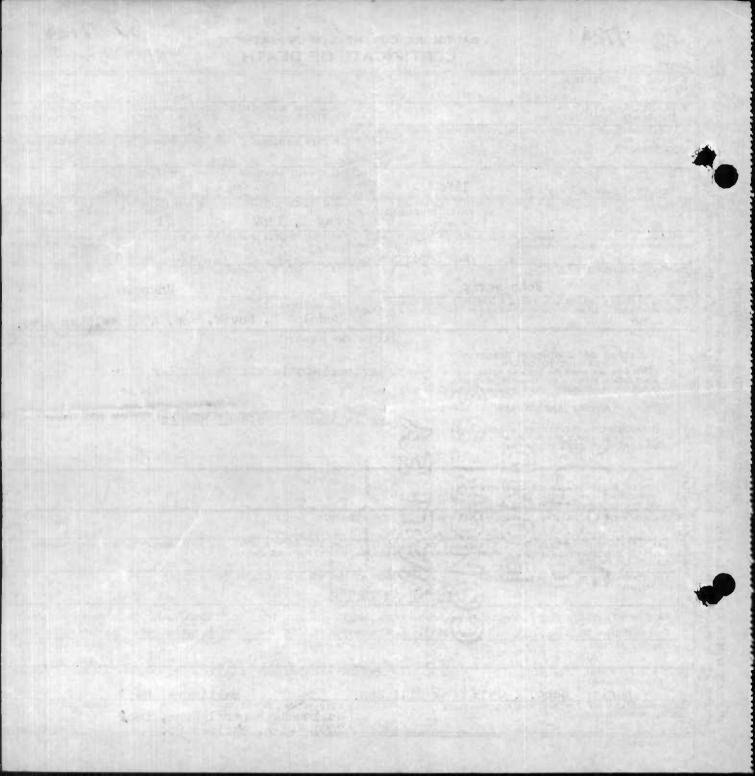
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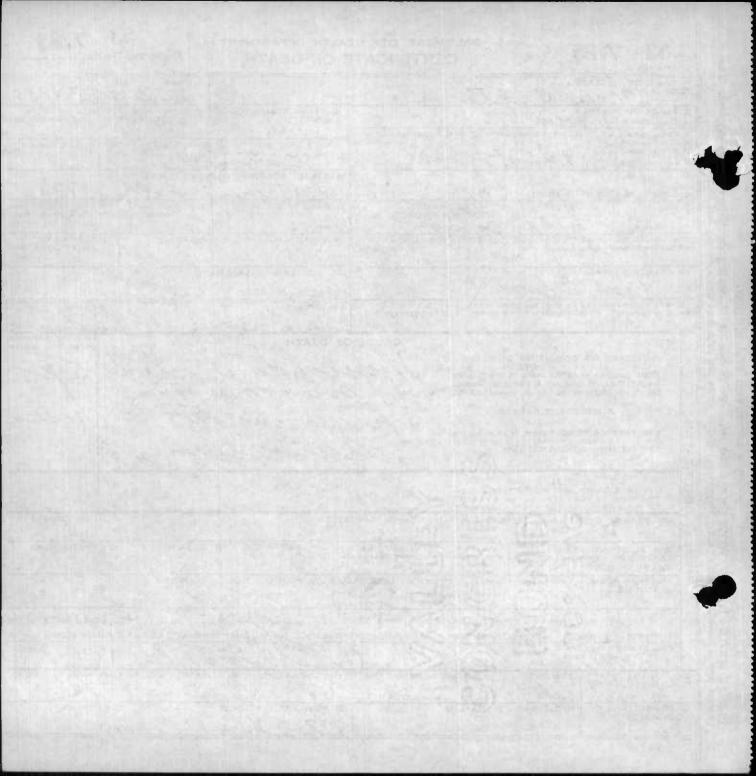
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LOCAL REGISTRAR



9. AGE (In years) If Under 1 Year last birthday) | Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) that I last saw the m. from the causes and on the date stated above. 23C, DATE SIGNED 24D. LOCATION (City/town, or county) ADDRESS VS 150

before admission)



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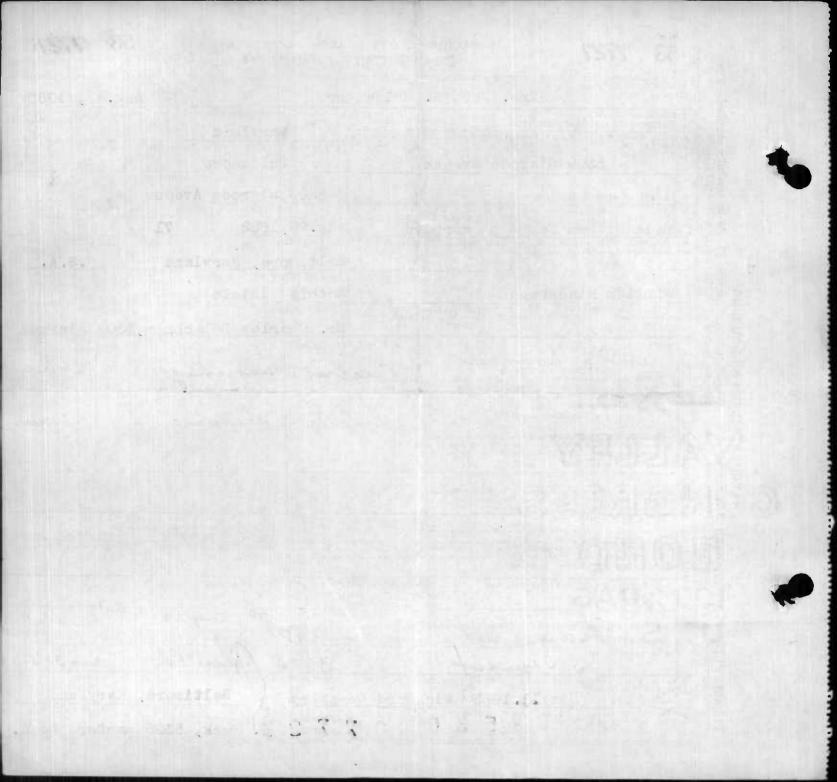


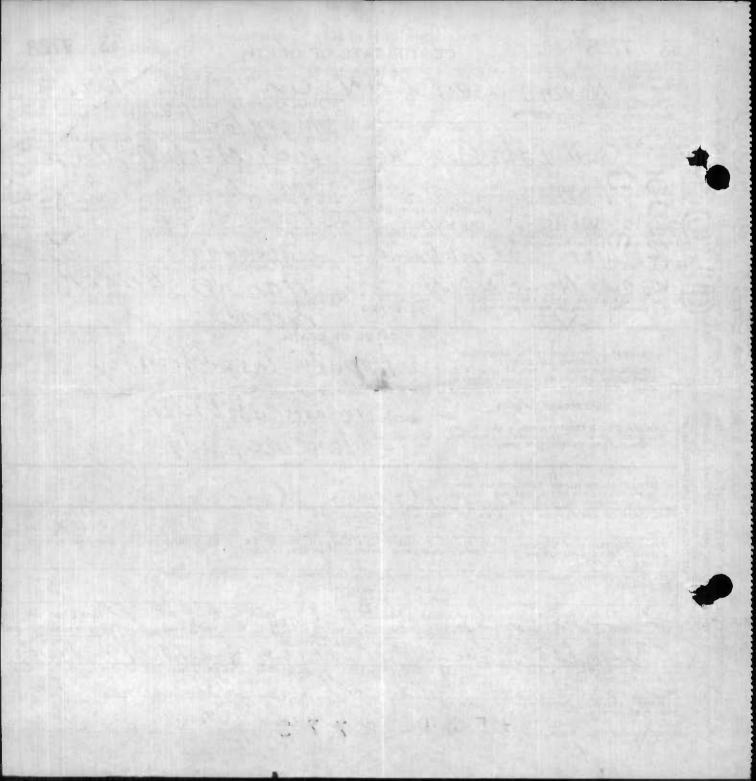
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Registered No	

The	ВІ	RTH NO.			CLI	TII ICAT					
	1. (T:	NAME OF Dope or Print)		s. Mar	y A.	Belschr	ner		2. DATE OF DEATH A	ug.29,	1953
carefully supplied. egibly.	Α.	3. PLACE OF DEATH:  A. Baltimore City, Maryland					11 71	SIDENCE (W	here deceased live B. COUNTY		
	HC	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 5309 Els rode Avenue					Marylan d c. CITY®R TOWN (If outside corporate limits, write RURAL and give township)  Baltimore 27-66				
carefu legibly.		150				Yrs. Mos.	D. STREET AD	DRESS (1f 1	rural, give location	1)	
ld be and l		c. Length of stay in Baltimore Days							Avenue		
		5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   Cemale   White   married				Aug. 29, 1		9. AGE (In year last birthday)	Months Da	H Under 24 Hours IFOURS Min.	
on shou	10	A. USUAL OC	CUPATION (Give kind f working life, even if retire	of 10B, KINI		ISINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fo		WH	S.A.
th	13	FATHER'S			1331		14. MOTHER'S				2111
VDING information of death cl		William	Klapprat	h			Sophia	Thiele			
DIN of of	15 (Yes	WAS DECEASE	D EVER IN U. S. ARM	ED FORCES?	16. SC		17. INFORMAN	T		ADDRES	5
BINDING of inform uses of dea	(	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				Mr. Charles Belschner, 5309 Elsrode			Isrode		
- 3		18. 331	ν.			CAUSE	OF DEATH			INT	ERVAL BETWEEN
FOR item		DISEAS	E OR CONDITION			0	0 001		1		46
中中		(This does	LEADING TO DE not mean the mode	of dying, e.	g., (	(A) Cere	brat VV	won	hoge		- This
Every write t		injury or	re, asthenia, etc. It me complication which	caused deatl	se, n.) DU	E TO			V		177
C =			ANTECEDENT CAL	JSES		0.7	bral Du	00.			. 1. 10.
RESEI INK.	Z	DISEASES	OR CONDITIONS,	IE ANY CIVIL	N.C.	(B) UN	eus o	cens	300		o gena
RE	TION	RISE TO T	HE ABOVE CAUSE (A	) STATING T		E TO				14	
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IF A	RT		NIFICANT CONDITION DEATH BUT NOT								- 55
UN	CE		F OPERATION _		ITION F	OR WHICH O	PERATION	I IF OPERAT	TION WAS RELATI	FO TO   20	AUTOPSY?
TH nt.	CAL		0	WAS PERFO	RMED			PART I O	F DEATH, ENTE	R IN YES	NO D
FE PLAINLY, WITH	EDI	OR CONTRIE	INT WAS UNDERLEUTING CAUSE OF MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPE	)F about	bome, farm	OF INJURY (	e. g., in or 21C. W bldg., etc.) INJUR	HERE DID (	If in Baltimore (	City, give ex	act location)
Äiri	Σ	21D. TIME ( OF INJURY	Month) (Day) (Yea	r) (Hour)		URY OCCURR		LNI DID WC	URY OCCUR?	a lours	4
AII		- 11130111	•	m.	WHILE A	NOT WHI				53	
PLAINLY			y certify that I a					, , , ,			I last saw the
TE			ive on any 29	<u>, 19<b>53</b></u>	and the	at death oecu	rred at 9 12	_m., from th	re causes and o		DATE SIGNED
WRITE e is esp		23A. SIGNAT	X5 040	udu	1	M. D.	3805	Bela	in Rd	an	30/53
50	24	A. BURIAL.	REMA- 24B. DATE		24c. NA		RY OR CREMATO	RY 240. LO	OCATION (City, t		
	110	N. REMOVAL (S Burial	Spet11	1953	Parl	kwood Ce	medery	Ba	ltimore,	Maryl	and
PLEAS correct		TE RECEIVE	D BY   REGISTRA	R'S SIGNAT		1 2		DIRECTOR	b	ADDR	
F 8	A	CAL REGIST	NAK.		1 12/	11 0	Leonard	J. Ruci	k, 5305	Harfor	d Road.

VS 150





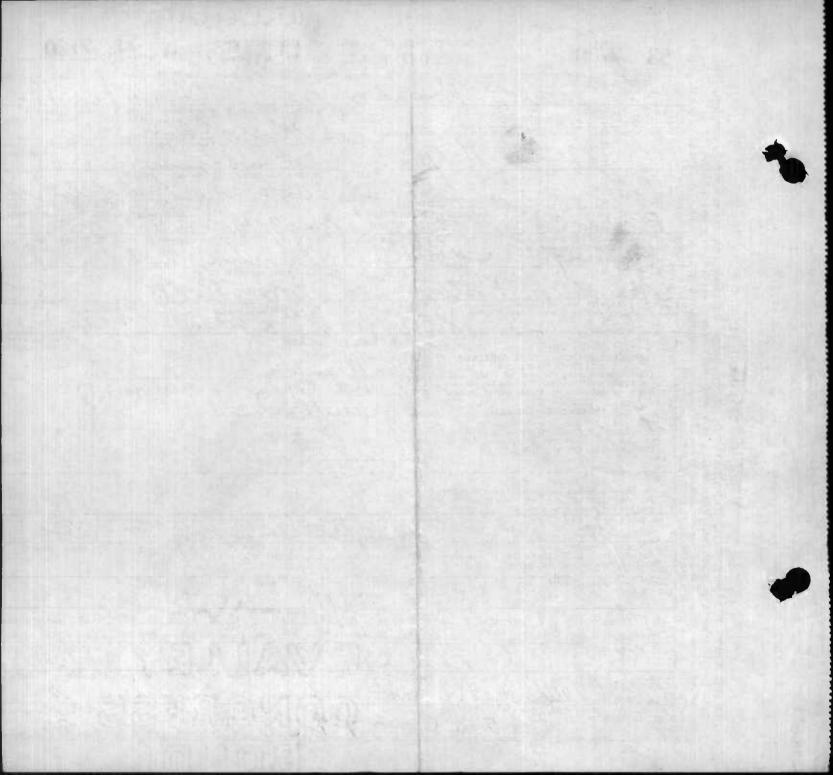
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53
Registered No.

r)	Cype or Print) Owen J. Burgess	OF DEATH Aug. 28/53
А. В. Н	PLACE OF DEATH: Baltimore. City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR ISTITUTION  406 North Bend	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Length of stay in Baltimore 85 yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)  406 North Bend LAWE 28-04
-	6.COLOR OR RACE 7. SINGLE, MARRIED, White Married (Specify)	April 12,1862 9 1 1 Months Days Hours Min.
R	OA. USUAL OCCUPATION (Give kieder 10B. KIND OF BUSINESS OR INDUSTRY	Prince George 0.Md. 12. CITIZEN OF WHAT COUNTRY?
	B. FATHER'S NAMEBurgess	14. MOTHER'S MAIDEN NAME Unknown
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yos, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs.Geo.Hartmann, 406 North Bend Rd
ERTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	inschrite Heart Diesen 10 years
AL C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20, AUTOPSY? YES NO
EDICA	21a. ACCIDENT, SUICIDE. HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from	, 1948, to aug 38, 1953, that I last saw the rred at 7.456 m., from the causes and on the date stated above.
	Swy. Dave M.D.	1 mallow Hill are 8/29/53
Ti	AA. BARIAL, CREVA 248. DATE 24C. NAME OF CEMETE	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL MIRCTOR / ADDRESS 27. FUNERAL MIRCHARD AVE
	VS 150	

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The	ВІ	FO MYOO	CITY HEALTH DEPARTMENT	Registered No. 7730
	1.	NAME OF DECEASED  When or Print)  GRACE Howa		DATE OF DEATH 8/26/53
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give stree	A. STATEM	e deceased lived. If institution: residence B. COUNTY before admission
ADING information should be carefully supplied. s of death clearly and legibly.	HC	SPITAL OR STITUTION  Unw. #65b		lde corporate limits, write RURAL and giv
caref	_	Length of stay in Baltimore	Mos.	l, give location)
d be and le		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCE		AGE (In years If Under I Year last birthday) Months Days Hours Min.
shoul		A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSIN done my ing most of working life, even if retired)	ESS OR INDUSTRY 11. BIRT/IPLACE (State or foreign	n country)  12. CITIZEN OF WHAT COUNTRY
ation th cle	13	FATHER'S NAME D	14. MOTHER'S MAIDEN NAME	00,
form f dea		. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIA		Col ADDRESS
of of ises	(Ye		417- N. 60# N	7 - Phila Pa
Rem		DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	ONSET AND DEAT
中中		LEADING TO DEATH  (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	an Cos 1 =	breleval
M >		ANTECEDENT CAUSES	Obstruction	
G INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	)	
ADING icians:	FICA	(C)		
MARGIN UNFADINO Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
н.	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED		WAS RELATED TO 20. AUTOPSY?
LY, WITH important.	EDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF OR CONTRIBUTING CAUSE OF about home, farm, factor DEATH (NOTIFY MEDICAL EXAMINER)		n Baltimore City, give exact location)
AINLY,	Σ	OF INJURY WHILE AT	Y OCCURRED 21F. HOW DID INJUR	Y OCCUR?
PLA pecial		22. I hereby certify that I attended the deceased j		26 , 19 Shat I last saw th
RITE is es		deceased alive on 195, and that d	eath occurred at	causes and on the date stated abov
PLEASE WRITE PL	2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME	M. D. OF CEMETERY OR CREMATORY 24D. LOCA	MON (City, town, or county) (State
LEAS	D	ATE RECEIVED BY I REGISTRAR'S SIGNATURE	W. Culturn   Same of the control of	funerations time
F 3	1	CAL REGISTRAR 5 3. DAG	1 1631 Dru	id whilf are.

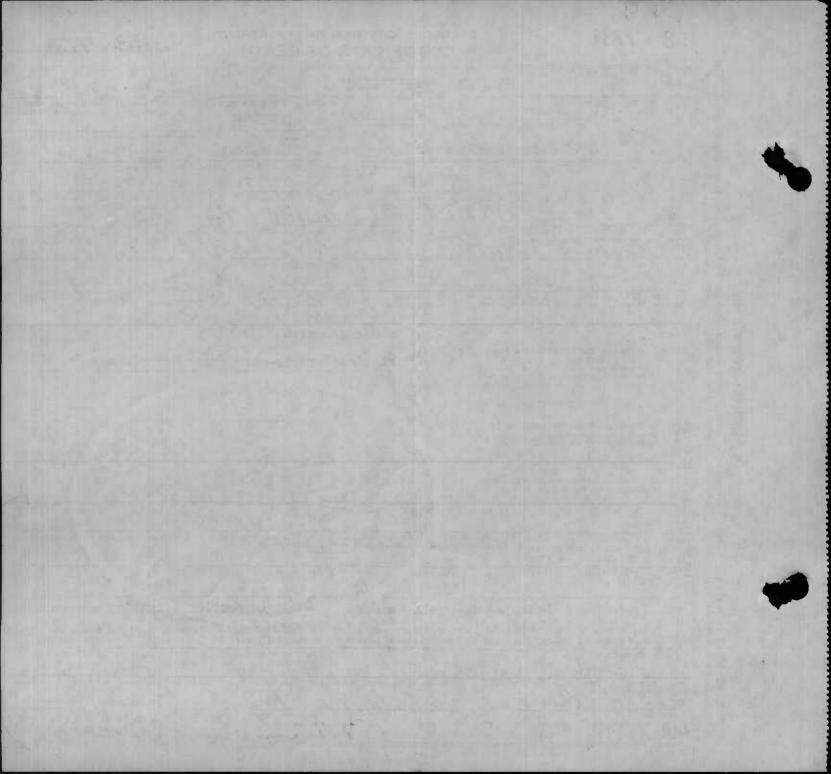


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	3 77	31.			EALTH DEPARTMENT E OF DEATH	Registe No.	7731
1.	NAME OF D	ECEASED	TTT T T A	<b>NITT - 7</b>		2. DATE	3050
	ype or Print)		VILLIAM	PHILLIPS	A. USUAL RESIDENCE (W	OF Aug. 28	
Α.		City, Maryland			A. STATE Maryland	B. COUNTY	before admission)
H	FULL NAME OSPITAL OR ISTITUTION	of f not in hospit		ive street address or location)		outside corporate limits,	vrite RURAL and give township)
	00			Yrs. Mos.	D. STREET ADDRESS (If		
1	Length of s	tay in Baltimore	7. SINGLE MA	Days RRIED.		ylvania Ave.	der 1 Year   It Under 24 Hours
	ale	Colored	WIDOWED, D	ARRIED. OFFICED (Specify)	may 6. 1884		hs Days Hours Min.
WOF	Conduction most	CUPATION (Give kind of of working life, of en if retired) A Constant	diese	BOSINESS OR INDUSTRY	ranfore,	Ja	2. CITIZEN OF WHAT COUNTRY?
	. FATHER'S	luken	www		14. MOTHER'S MAIDEN NA		
	. WAS DECEASE s, no or unknown)	ED EVER IN U. S. ARME! (If yes, give war or date		SOCIAL SECURITY NO.		alia mo	alstony
	18. 45 9	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	100	SE OR CONDITION LEADING TO DEA		A number of a	UU	nonlar diam	
	heart failu	not mean the mode are, asthenia, etc. It me	of dying, e.g., ans the disease,	(A)	sclerotic cardiov	aboutal diseas	
	injury or	complication which		DUE TO			
Z	DISEASE	S OR CONDITIONS,	F ANY, GIVING	(B)			
TION	RISE TO T	THE ABOVE CAUSE (A)	STATING THE	DUE TO			
FICA				(C)			
ERTIF	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED				
Ü	19A. DATE C	OF OPERATION 1	198. MAJOR FIN	DINGS OF OPER	RATION		20, AUTOPSY?
DICAL	UNDERLYIN	NAL CAUSE WAS G  OR CONTRIB-	about home, farm, fa	OF INJURY (e. g., i actory, atreet, office bldg.,		f in Baltimore City, giv	
ME		(Month) (Day) (Year				OCCUR?	
	1		rge of the rem	ains described o	above, held an inspect	Inspection or Inquiry	
	the ev	idence obtained by eath in my opinion	said Autopsy, resulted from	Inspection or in a natural cause	Inquiry, find that said dos $\mathbb{K}$ , accident $\square$ , suicide	□, homiciae □, uni	determinea .
	23A. \$1GNA	sept 4.	Jaclin		23B. CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER 8/2	DATE SIGNED
TI K	4A. BURIAL. ON, REMOVAL (S	CREMA 248. DATE	1953 (M	rautus	Men Plc	Dullinian City, town, or	, Co. Trus
D	ATE RECEIVE		'S SIGNATURE	0	25. FUNERAL DIRECTOR	Lunela	DORESEX

town, or county) (State) ADDRESS



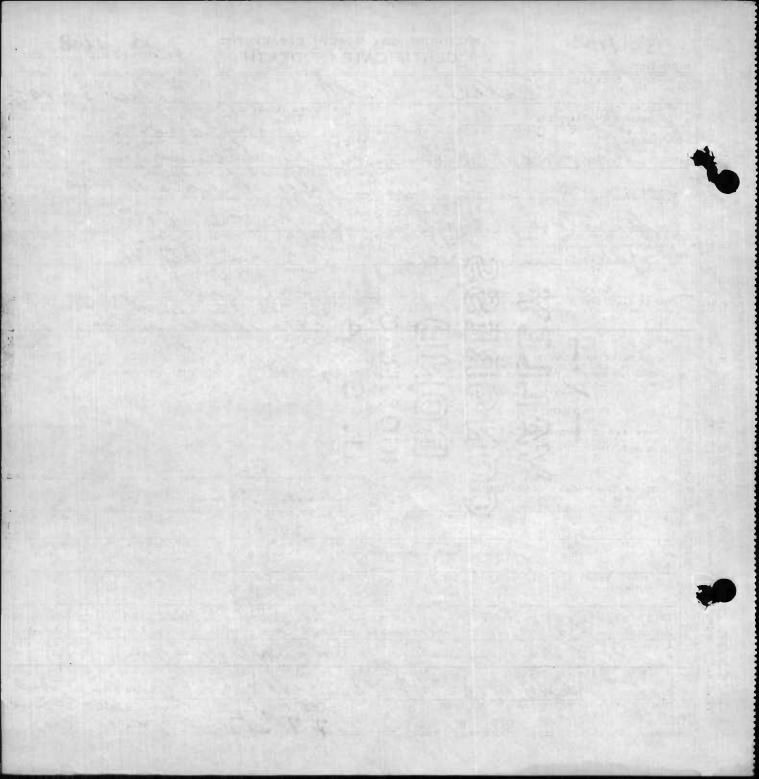
CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED unles (Type or Print) supplied. 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) INSTITUTION Yrs. Mos. c. Length of stay in Baltimore 2 2 upro. Days information should be SINGLE, MARRIED. 5. SEX 6. COLOR OR RACE OF BIRTH USUAL OCCUPATION (Give kind of BIRTHPLACE (State or foreign country) SINESS OR secturing most of working life, even if retired) INDUSTR ashyem 13. FATHER'S NAM 14. MOTHER BINDING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO causes of 220+ 239 item 204.6 CAUSE OF DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) 11 RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION MEDICAL important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE TE PL. especia WORK 1950, to 22. I hereby certify that I attended the deceased from. PLEASE WRITE correct age is esp deceased alive on. 1953 and that death occurred at P. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 24A. BURIAL, CREMA-24c. NAME OF CEME 24B. DATE TION, REMOVAL (Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, ly institution; residence A. STATE B. COURTY before admission before admission) Goutside corporate limits, write RURAL and give township) H Under 1 Year AGE (In years) I Under 24 Hours last birthday) Months: Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1953. that I last saw the

23c. DATE SIGNED

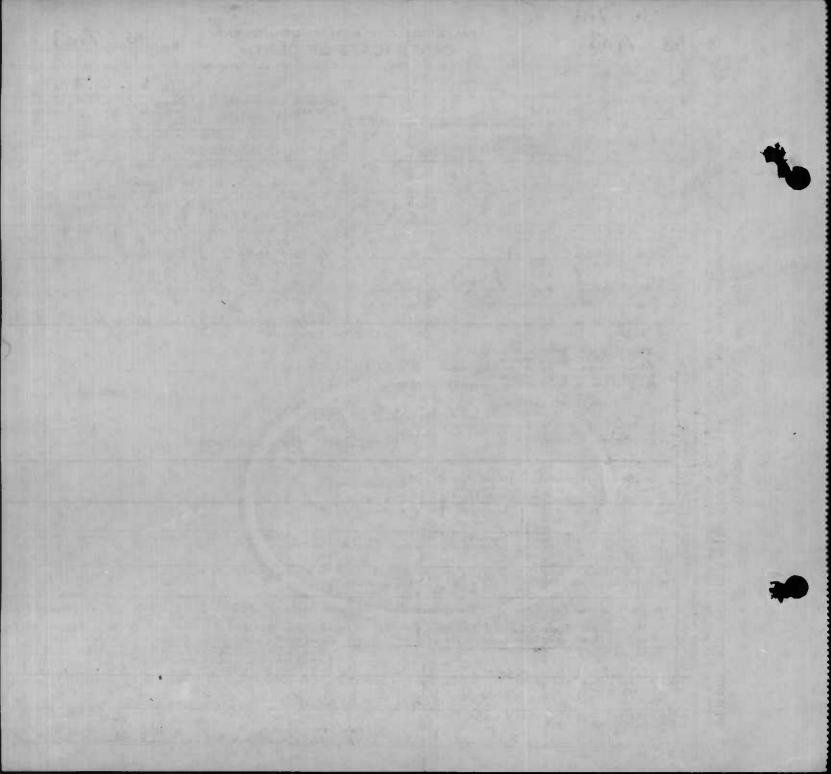
BALTIMORE CITY HEALTH DEPARTMENT



TR-30
3 7733 RTH NO.
NAME OF DECE ype or Print)
PLACE OF DEAT Baltimore City

	53 7733			LTH DEPARTM		53 No.	733
	SIRTH NO.	CER	TIFICATE	OF DEATH	reg	istered No	
	. NAME OF DECEASED Type or Print)	ROSETTA	RUT	Н	2. DATE OF DEATH	Aug. 28,	1953
1	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF f not in hospit		A	4. USUAL RESIDEN	CE (Where decease		
1	IOSPITAL OR NSTITUTION	tal or institution, give: kins Hospita	location)	c. CITY OR TOWN Balti	(If outside corp	orate limits, writ	te RURAL and give township)
1	Length of stay in Baltimore	Life	Yrs. Mos. Days		. Haven St	reet	-2
I	'emale White	7. SINGLE, MARR WIDOWED, DIVE	ORCED (Specify)	ang 18.1	914,9. AGE (1 914, 9. AGE (1 1 last bir	n years     Under     thday)   Months	Year II Under 24 Hours Days Hours Min.
WO	OA. USUAL OCCUPATION (Givekind of the done during most of working ple, even if retired)	108. KIND OF BUS	INDUSTRY	1. BIRTHPLACE (Sta	e Mary	A SV	NHAT COUNTRY?
	S. FATHER'S NAME  Colward. Sur  S. WAS DECEASED EVER IN U. S. ARMEI	chr.		POSE	Yal Yal	er	
(X	es, no or unknown) (If yes, give war or date	se of service) SE	CURITY NO.	George Pul	4. 431.9	ADDRE	ess.
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of the control o	TH of dying, e. g., ans the disease, caused death.)DUI		of liver			NTERVAL BETWEEN
CATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	F ANY, GIVING STATING THE DU	B) 5-TO	ypertrophy r nephroscle	rosis		
ERTIFICA	OTHER SIGNIFICANT CONDITRIBUTING TO THE DESCRIPTION OF THE DISEASE OF CONDITION	NOT RELATED					
ALC	19A. DATE OF OPERATION 1	98. MAJOR FINDIN	IGS OF OPERAT	ION			20. AUTOPSY?
EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB- UTING   CAUSE OF DEATH.	21B. PLACE OF I about home, farm, factory	NJURY (e. g., in or y, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR?	(If in Baltim	ore City, give ex	xact location)
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJI m. WHILE AT WORK	NOT WHILE AT WORK	21F. HOW DID IN	NJURY OCCUR?		
	22. I certify that I took char the evidence obtained by and death in my opinion	said Autopsy, In	spection or Ing	uiry, find that so I, accident [], su	lopsy, Inspection of aid deceased di icide [], homic	r Inquiry $ed$ on the $da_i$ $ide \square$ , undete	y stated above, ermined □.
	231. SIGNATURE J. Ja	chingy	k M.D.		ICAL EXAMINER	Aug.	
-	AA. / FURIAL CREMA- ON. BEMOVAL (Specify)	1903 Ma	unt Car	or CREMATORY 2	Palomie	11/11/	"ned
	OCAL REGISTRAR	O.SIMIONE V	180 300 00 00	A	A		1/

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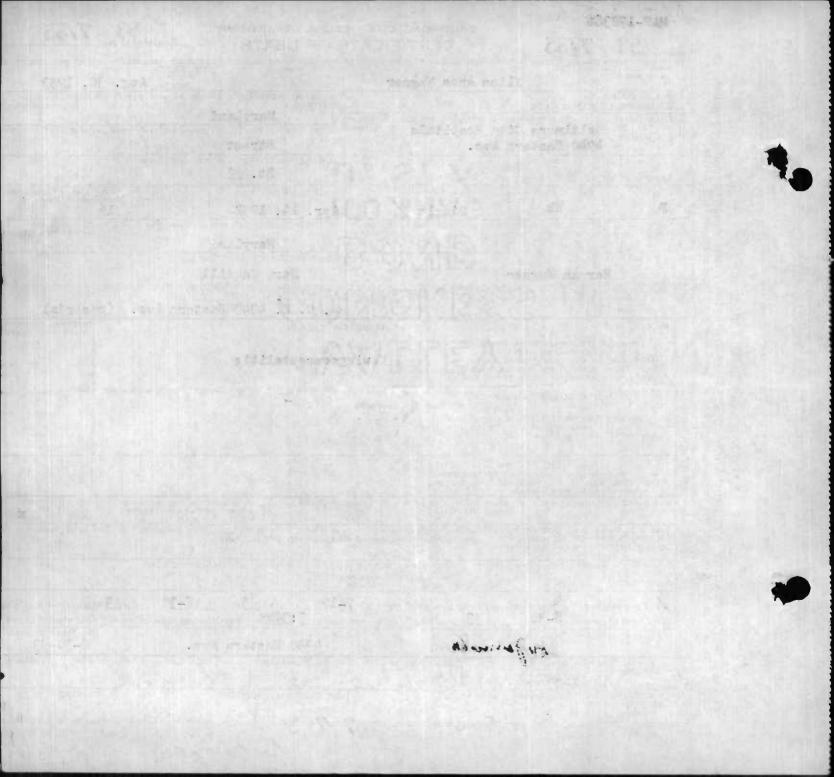
		100 A B-640 BALTIMORE CITY HEALTH DEPARTMENT X Registored No. 7734
The		IRTH NO. JO 1134
	(T	NAME OF DECEASED Mabel Durley 2. DATE OF DEATH LUG-29-1953
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or
	H	SPITAL OR OSPITAL OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OR OSPITAL OSP
carefully legibly.		Yrs. O. STREET ADDRESS (If ryeal, give In action)
		Length of stay in Baltimore    Mos. Days   6/29   Kitchie   Highway   SEX   6/29   OF BACE   7-SINGLE, MARKIED.   8. DATE OF BIRTH   9. AGE (In years   16 Under 1 Year)   16 Under 1 Years   16 Under 1 Ye
should be	1	emale sloved Windwed, Divorced (Specife) may 14 1894 last birthay) Months: Drys Hours Min.
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BINDING of informuses of dea	(Ye	JOHNS HOPKINS HOSPITAL
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tri .	AL	WAS PERFORMED CAUSE OF CEATH, ENTER IN YES NO
0	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (a.g., In or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY (a.g., In or obout home, farm, fectory, street, office bidg., etc.)  INJURY OCCUR?
INI.Y	Σ	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT   NOT WHILE
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d		deceased alive on 1) 19 and that death occurred at 91 th., from the duses and on the date stated above.
WRITE ge is es]		23A O GINATURE SIGNED SIGNED JOHNS HOPKINS HOSPITAL 29 July 53
		44 BURIAL CREM 24B DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City town, or edinty) State)
	K	Just al 1 19:50 Mil. Calvary Come Commelet as hel
	N.D.	DATE RECEIVED BY REGISTRAR'S SIGNATURE 125 FONE BY DIRECTOR Secretal Most ince
PLEASE correct ag	N.D.	DATE RECEIVED BY   REDISTRAY'S SIGNATURE 1/25, FINE BY DIRECTOR THE BELL OF ME

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The	ВІ	MAF-172	57735928		TIMORE C					Registere	3 d No_	77	35
	1. (T	NAME OF D'		len Ann	e Wagner		2. DATE OF DEATH AUG. 30, 1953				)53		
ipplie	Α.		City, Maryland				4. USU	TE	IDENCE (V	Where deceased lived B. COUNTY		itution:	
ully sı	H	SPITAL OR	OF (If not in hespite Baltimore Ci 4940 Eastern	ty Hosp		location)	c. CITY	OR TO		outside corporate l	imits, wi	rite RU	RAL and giv township
should be carefully supplied.	c.	Length of s	tay in Baltimore			Yrs. Mos. Days	D. STR	EET ADD		rurai, give location	)		
and be	5.	SEX	6. COLOR OR RACE		MARRIED. D. DIVORCED			14.		9. AGE (ln years last birthday)			it Under 24 Hours Hours Min
n shou	10 worl	A. USUAL OC done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINES	S OR DUSTRY		THPLAC		oreign country)	12.	CITIZ	EN OF COUNTRY
NDING information s of death cle	13	FATHER'S		1	HI WAR		14. MOTHER'S MAIDEN NAME						
form f de	15	Terman Wagner  5. WAS DECEASED EYER IN U. S. ARMED FORCES?   16. SOCIAL					Nora Candill  17. INFORMANT ADDRESS						
R BINDING	(Ye	s, no or unknown)	(If yos, give war or date	s of service)	SECURIT	Y NO.				stern Ave.		cor	is)
ING INK. Every item. ins: please write the cau	ICATION	(This does heart failu injury or DISEASES RISE TO T	E OR CONDITION LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea complication which c ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A)	FH  of dying, e.g.,  ns the disease,  aused death.  SES  F ANY, GIVING  STATING THE	(B)				itis				
MARGIN F UNFADING Physicians: p	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE											
HH	AL C	19A. DATE O	F OPERATION   1	9B. CONDIT					PART I	TION WAS RELATED F DEATH, ENTER	RIN	YES	NO E
LAINLY, WITH	MEDIC	OR CONTRIB	INT WAS UNDERLYI	ebout he	PLACE OF IN				OCCUR?	(If in Baltimore C	ity, give	exact	location)
	-	21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour) 2 m.	TE. INJURY O	CCURRE NOT WHIL AT WORK		21F. HO	W DID IN.	JURY OCCUR?			
H 9		22. I hereby	y certify that I att	ended the c	leceased fro	m 7. th occur	-17 red at_	9:30P		8-39, 1	9.53 th	hat I l late st	ast saw th ated above
E WRIT		23A. SIGNAT	This s	- wer Be		M. D. 2	3B. ADD 49	RESS 40 Ea	stern A	ve.	2	8-30	TE SIGNED
LEASE WRITE prect age is esp	NE	A. BURIAL, CON, REMOVAL (S	1 4417	19530	B COL	CEMETER	Co	Cin	DIRECTOR	Carlon (City, to	L	DRES	(State)

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At Bailey Mad



A. J B. F HO INS 5. 1 104 work	PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, SPITAL OR Baltimore City Hosp  4940 Eastern Ave.  Length of stay in Baltimore  SEX 6. COLOR OR RACE 7. SINGLE, M WIDOWED, Widd  A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  at home  FATHER'S NAME  Patrick McKewen	Yrs. Mos. Days  ARRIED. DIVORCED (Specify)  BUSINESS OR INDUSTRY	A. STATE  Mary C. CITY OR TOWN  Balt D. STREET ADDR  4940  8. DATE OF BIRTI  Oct. 4, 181  11. BIRTHPLACE	imore Ess (If rural, g  Tastern  9. AG 18.	corporate limits, ive location)	nstitution: residence before admission)  write RURAL and give township)  Under I Year   H Under 24 Hours township;
13.	Length of stay in Baltimore  SEX  6. COLOR OR RACE  Wh  A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  at home  FATHER'S NAME	Yrs. Mos. Days  ARRIED. DIVORCED (Specify)  BUSINESS OR INDUSTRY	Balt D. STREET ADDR 4940 B. DATE OF BIRTH Oct. 4, 181	imore Ess (If rural, g  Eastern H 9. AG las 66	ve location)  Ve.  Et (In years   H)  t birthday)   Mon	township) Under I Year   H Under 24 Hours
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13.	done during most of working life, even if retired)  at home FATHER'S NAME	BUSINESS OR INDUSTRY	11. BIRTHPLACE (			
15.			Mar	yland	ountry)	12. CITIZEN OF WHAT COUNTRY?
15. (Yes,	Potrick McKeyen	39 (18 a 3 Mary 1)	14. MOTHER'S MA	AIDEN NAME		
15. (Yes,	TWALLOW MCMOMON		Ja	ne Dugan		
-	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. no or unknown) (If yes, give war or dates of service)	SECURITY NO. I	B. C. H. 4	940 Easter	and the same of th	records)
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)  DUE TO  (C)	ailure due Disease			
AL CE	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION OF CAUSING IT.  5-14-1953  CAUSING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CAUSING IT.		foot	IF OPERATION W CAUSE OF DEA PART I OR PAR	AS RELATED TO	
SIC	21A. ACCIDENT WAS UNDERLYING   21B. PL	ACE OF INJURY (e. , farm, factory, street, office bid	g., in or 21c. WHE	RE DID (If in B		give exact location)
2 -	21D. TIME (Month) (Day) (Year) (Hour) 21E.	INJURY OCCURRED		DID INJURY O	CCUR?	

ADDRESS ve. (records) INTERVAL BETWEEN lerotic 20. AUTOPSY? LATED TO NTER IN NO X YES ore City, give exact location) , 1953, that I last saw the ed on the date stated above. 23c. DATE SIGNED 4940 Eastern Ave. 8-29-53 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Maryland New Cathedral Baltimore 25. FUNERAL DIRECTOR ADDRESS CHARLES F. EVANS & SON

VS 150

24A. BURIAL CREMA-TION REMOVAL (Specify) BURIAL

DATE RECEIVED BY

LOCAL REGISTRAR

248 DATE

9/1/53

REGISTRAR'S SIGNATURE

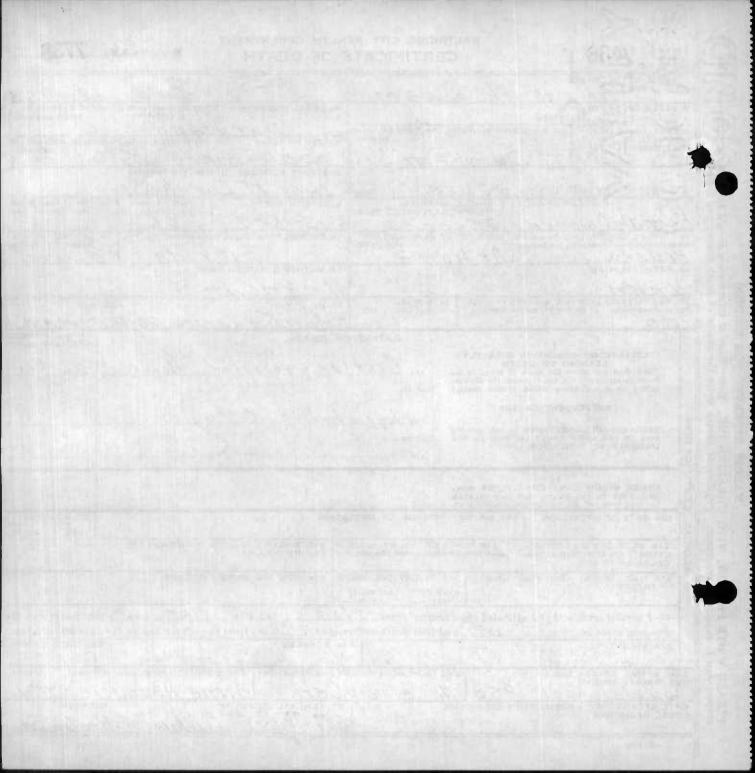
SAPA LOS TAMAS administration of the second of all with the transport and Differ with the first will be being to the THE RESIDENCE OF THE PROPERTY OF 

Dr Hall

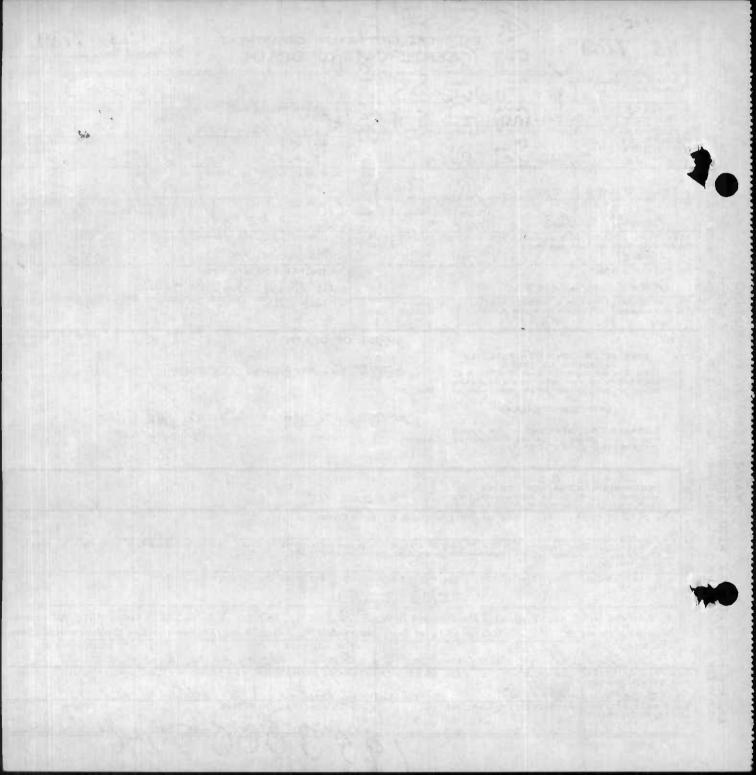
DEPENDENT OF THE PROPERTY.

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1	Total Park	Bank A		BAL	TIMORE CITY HI	EALTH DEPARTMENT		ritico
	BIRTH I	NO. 7/6	58		CERTIFICAT	E OF DEATH	Registered No	
	1. NAMI (Type or	Print)	LEASED //Zabe	eth 6	Quarles		2. DATE OF DEATH 8	28-1953
	A. Balti	E OF DEA				4. USUAL RESIDENCE (	Where deceased lived. If in	titution: residence before admission)
	HOSPIT.		(If not in hos	pital or institut	ion, give street address or location)	c. CITY OR TOWN	f outside corporate limits, v	write BIIRAL and give
	INSTITU	TION	0177.	Dur	Latti St.	12 -1.:	pre 8-	township)
	0.0				Yrs.	D. STREET ADDRESS (I.	f rural, give location)	
	5. SEX		y in Baltimore .COLOR or RAC	E 7. SINGLE	MARRIED.	8. DATE OF BIRTH	9. AGE (In years) H Un	
	Fen	nale (	colored	WIDOW	ED, DIVORCED (Specify)	6-15-1887	last birthday) Mont	hs Days Hours Min.
	10A. USI	UAL OCCU	JPATION (Give kind orking life, even if retir	of 10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 1:	WHAT COUNTRY?
	13. FAT	Sew HER'S NA	If C	Ath	9.0770	14. MOTHER'S MAIDEN N	rida	ZL.S.A
	2/11	Kni	24/77			2/TIKTIDINI	77	
	15. WAS (Yes, no or	DECEASED unknown)	EVER IN U. S. ARM (If yes, give war or d	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
	770	2	1				r/es/2017,	Jurham St.
	18.	443 DISEASE	OR CONDITION	N DIRECTLY		OF DEATH	1	ONSET AND DEATH
	(7)	This does n	EADING TO DE ot mean the mod- asthonia, etc. It n	e of dying, e. s	(A) Cere	(Thrombasis	n Hecident	36 has
	in	jury or co	omplication which	caused death	DUE TO	(Throm Sasis	•)	
	z	Ai	NTECEDENT CA	USES	(B) Hypen	forive C-V	Dis.	7
	O DI	SE TO THE	OR CONDITIONS ABOVE CAUSE ( NG CONDITION	A) STATING TH	G			***************************************
	S S		to condition	LAST.	(C)		***************************************	***************************************
	O CLED	THER SIG	NIFICANT CON	DITIONS CON		4-11-01-11-11-11-11-11-11-11-11-11-11-11-		
	HI TF	RIBUTING T	O THE DEATH, BU	T NOT RELATE	D			
		DATE OF	OPERATION O	19a. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
	LYII CAL		NT WAS UNDER CONTRIBUTING EATH		CE OF INJURY (e. g., i arm,factory,street,office bldg.,		(If in Baltimore City, giv	e exact location)
		TIME (M	onth) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
٨				m.	WHILE AT NOT WHILE			
		I hercby eased aliv		attended the	deceased from S, and that death occur	127 1953, to	,	that I last saw the
		SIGNATU		- 1302.	and that death occur	3B. ADDRESS	the causes and on the	23c. DATE SIGNED
	24A. BI	URIAL CR	EMA- 24B. DATE	Tha	M. D.	BY OR CREMATORY   24D.	CONTION (City, town, or	7/3//5'3, county (State)
		URIAL CR MOVAL (Spe	cify) 9-/-	1953	TH. Calvari	Cem. ATT	TRE Arunde	1 Co. TITA.
	DATE R	ECEIVED REGISTRA		R'S SIGNATU	RE	25 JUNERAL DIRECTOR	MI I	DDRESS
	717	10.01	100 Th	1. 5	1/3/1/G	hunderew co	Nick 14126.1	ractoro St.
	VS	5 150	700	0				



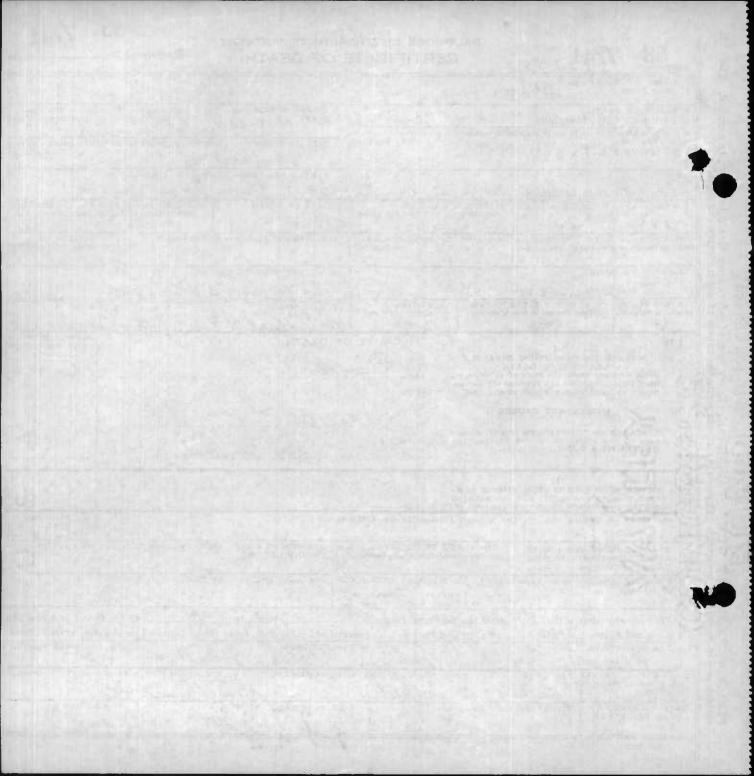
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE OF 8-30-53 supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Colvert y 33 A. STATE B. COUNTY before admission) MARYLAND (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION UNION MEMORIAL DAUTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. 3507 N. CHARLES STREET c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year last birthday) Months; Days Hours; Min. 5. SEX NOV. 25, 1880 SINGLE information shoul 11. BIRTHPLACE (State or foreign country) IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? NONE MARYLAND 215A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JAMES E. CORA SWINDELL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT **ADDRESS** (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO. No 18. L INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c. g., W ACUTE PULMONARY EDEMA RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES HETERIOSCIEROTIE CARDIO. VASCULAR DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED NEUMONIA TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office hldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE naed the deceased from 8-28 1953, to 8-30 , 1953 that I last saw the , 1953, and that death occurred at 400 am., from the causes and 22. I hereby certify that I attended the deceased from\_ deceased alive on 8-30 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE 24A. BURLAY, CREMA-TION, REMOVAL (Specify) DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR Yorth ave LOCAL REGISTRAR VS.150



Registered No. 2. DATE DEATH (If outside corporate limits, write RURAL and give AGE (In years | H Under | Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH Fletenischentic Heart Diferse 20. AUTOPSY (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from Hubust 24, 1953 to August 30, 1953 that I last saw the deceased alive on Augst 30, 1953, and that death occurred at 1020 Am., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS VS 150



	BALTIMORE CITY H	EATH DEPARTMENT 53 7741
The	BIRTH NO. 33-22200 CERTIFICAT	E OF DEATH Registered No
	I. NAME OF DECEASED BABY BOY REEYE	2. DATE OF DEATH 8-30-53
supplied.	a. Baltimore City, Maryland MERCY HOSPITAL	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE MARY AND B. COUNTY before admission)
fully su	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR MERCY HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
rhichly	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
be d leg	c. Length of stay in Baltimore 3 hrs 45 mm. Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
should be	WIDOWED, DIVORCED (Specify	
on shou clearly	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  IOB. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or foreign country)  I2. CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N.G orm dea	KICHARD REEVE	EDWINA THOMPSON
BINDIN of infor	(Yes, no or unknown) (If yes, give war or dates of service) (Security No.	Mr. Richard H. Reeve (father) Jouson, and
R em cal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
the H	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	maturity 3 hrs. 45 min
Every write the	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
2	ANTECEDENT CAUSES	Portesio?
7 19	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	acranal Homonlage?
MARGIN UNFADINC Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ht .	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPE	
LY, WITH important.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	
	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY OF INJUR	
TE PL especit	22. I hereby certify that I attended the deceased from 8-	30 , 1953, to 8-30 , 198, that I last saw the
ITE s esp		erred at 7:45 Am., from the eauses and on the date stated above.
WRJ ge is	Clara M. Santamang M.D.	Mercy Hospital 8-30-53
ASE ct a	24A. BURIAL, CREMA. 24B. DATE 24G. NAME OF CEMETION REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Baltomore Md.
PLEASE WRITE correct age is est	DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	VS 150	remore in pount (0. 108 W. House tire.
		cly "/,



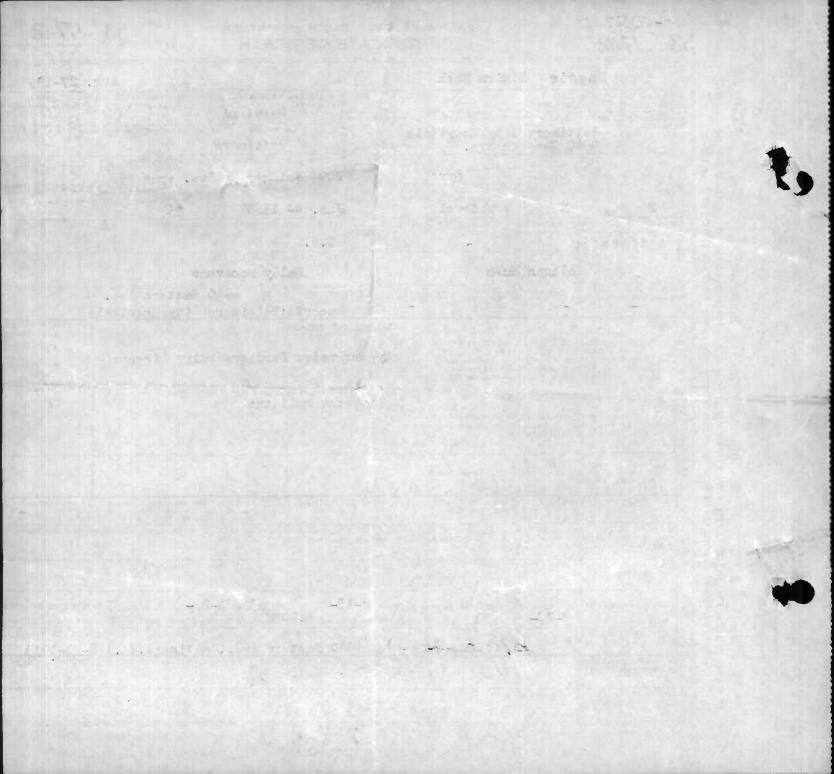
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#### A 217357 00 53 77/42

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 7742

CERTIFICAT	E OF DEATH	- Itegistereu	110			
mira Rush		2. DATE OF DEATH	Aug. 27-1953			
	A. STATE		If institution; residence before admission			
1===41==1		(If outside cornerate fin	nite surita KUDAL and aim			
n Ave.			township			
Yrs.						
Oyrs Days						
WIDOWED, DIVORCED (Specify)	Jan. 4- 1903	last birthday)	Months Days Hours Min.			
		r foreign country)	12. CITIZEN OF WHAT COUNTRY			
D FORCES? 16. SOCIAL SECURITY NO.						
		re City Hospi	INTERVAL BETWEEN			
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Diseases or conditions, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION LAST.						
(C)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19a. DATE OF OPERATION 19a. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN YES NO 21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location of CONTRIBUTING CAUSE OF about homo, farm, factory, street, office bidg., otc.) INJURY OCCUR?						
about homo, farm, factory, street, office			ty, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK						
tended the deceased from 8-1	7- , 1953, to_	8-27-, 19	53 that I last saw the			
deceased alive on 8-27-, 1:53, and that death occurred at 4.10PMm., from the causes and on the date stated above.						
7.1 1/1	the said .	.Baltimore.Md				
24C. NAME OF CEMETE	ERY OR CREMATORY 24D		vn, or county) (State)			
3 3 110 1111	Muna	115/11/19	- ////			
'S SIGNATURE	25. FUNERAL DIRECTO	W. Sull	ADDRESS VALLEY			
	TANY. GIVING SES DIABE  TO ANY ON THE GIT.  TO STATING THE DUE TO ASTATING THE DUE TO	A. USUAL RESIDENCE A. STATE Maryland C. CITY OR TOWN Baltimor C. CITY OR TOWN Baltimor C. CITY OR TOWN Baltimor D. STREET ADDRESS OB STREE	mira Rush  2. DATE OF DEATH DEATH Lai or institution, give street address or ity Hospitals in Ave.  3. STATE  3. STATE  4. USUAL RESIDENCE (Where deceased lived. A. STATE  8. COUNTY  Maryland  6. CITY OR TOWN (If outside corporate in Baltimore  9. STREET ADDRESS (If rural, give location)  8. DATE OF BIRTH 9. ACE (in years last birthday)  9. ACE (in years last birthday)  9. ACE (in years last birthday)  9. ACE (in years last birthday)  10. STREET ADDRESS (ST. In BIRTHPLACE (State or foreign country)  11. BIRTHPLACE (State or foreign country)  12. INFORMANT  13. BIRTHPLACE (State or foreign country)  14. MOTHER'S MAIDEN NAME  15. INFORMANT  16. SOCIAL SECURITY NO.  17. INFORMANT  18. DATE OF BIRTH 9. ACE (in years last birthday)  18. DATE OF BIRTH 9. ACE (in years last birthday)  19. CAUSE OF DEATH  19. LACE OF DEATH  19. LACE OF LATE  19. LACE OF LATE  19. CONTRIBUTING 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 19. CONDITION FOR WHICH OPERATION 21. HOW WAS PELATED TO THE GIVE AND THE COUNTY 21. HOW DID INJURY OCCUR?  19. CONDITION FOR WHICH OPERATION 21. HOW WHILE AT NOT WHILE			



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MARGIN

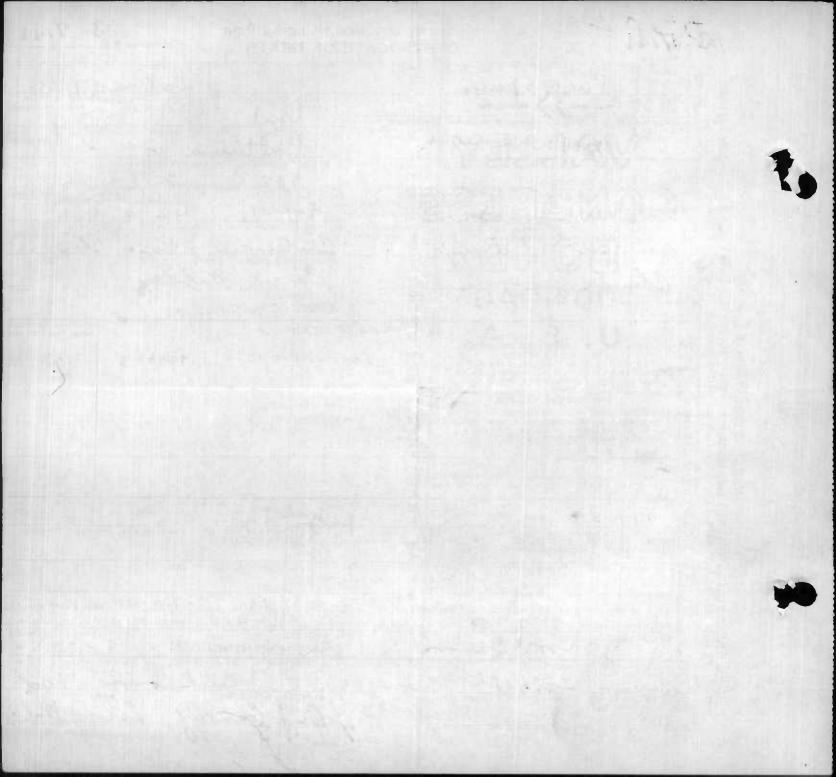
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#### BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

Re

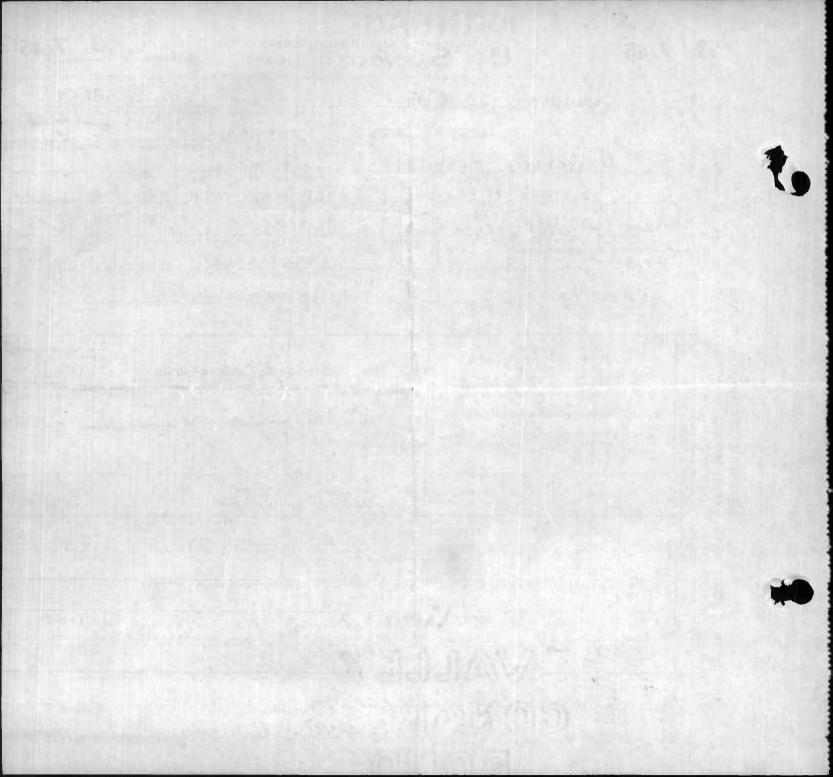
	53	7/44
gistered	No	1100 2

BIRTH NO.						
	NAME OF DECEASED ype or Print)	2. DATE OF COLUMN ACCOUNTS				
	1 and 7 Rence	DEATH (WANT 2911953				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, Institution: residence A. STATE B. COUNTY before admission)				
	FULL NAME OF (If not in hospital or institution, give street address or location)	my 20				
IN	JOHNS HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RUR L and give township)				
_		- Julimme				
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)				
_	Length of stay in Baltimore Days   SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Veer All Under 24 Hours				
5	WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF				
	done during most of working life even if retired)	WHAT COUNTRY?				
13	FATHER'S NAME	Coalesville, Ca. 1.3.11				
10.	A O O O	14. MOTHER'S MAIDEN NAME				
15	Charles spence	Carrie Milley				
Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	JOHNS HOPKINS HOSPITAL				
	18. / 7 8 X	OF DEATH INTERVAL BETWEEN ONSET AND OFATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	01 13				
	(This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease,	minoma Rtestis 22 months				
	injury or complication which caused death.) OUE TO					
	ANTECEDENT CAUSES					
Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
2	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO					
٤Ι	UNDERLYING CONDITION LAST.					
בווע	HILL THE THE THE THE THE THE THE THE THE THE					
2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
<u>ا</u> لا	DISEASE OR CONDITION CAUSING IT.					
1	194. DATE OF OPERATION 198. CONDITION FOR WHICH OF	CAUSE OF DEATH, ENTER IN				
5	21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY	PART I OR PART II YES NO				
ED	OR CONTRIBUTING CAUSE OF About home, farm, factory, street, office	bldg.,etc.) INJURY OCCUR?				
Ξ -		ALT HOW DID IN HOW OCCUPS				
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY					
-	m.   work at work					
	22. I hereby certify that I attended the deceased from	7-9, 1953, to 8-29, 1553, that I last saw the				
	deceased alive on 3-29, 1953, and that death occur	red at 630 km., from the causes and on the date stated above.				
		3B. ADDRESS 23c. DATE SIGNED				
1		JOHNS HOPKINS HOSPITAL 8.30.53				
24 TIO	NA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
_	Brian Sept 1703 Cherry	fill lead tounly md.				
	TTE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR				
	AUD 21 ADD COLOR OF MANAGEMENT	John J. Connelly Isset, Ma.				
	VS 150	245 0				
	744					



Vs 150

1	1	V-345				
53	B1:	7745 RTH NO.	CERTIFICATE		V	7745
		NAME OF DECEASED ype or Print) Nadolny, Jo	sebh		2. DATE OF DEATH	30/53
upplie	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or instit	ution, give street address or	4. USUAL RESIDE	NCE (Where deceased lived, If	institution : residence before admissio
ully s	HC	DISPITAL OR UNIVERSITY H	location)	C. CITY OR TOWN	(If outside corporate limit	s, write RURAL and gi townshi
ld be carefu and legibly.	C.	Length of stay in Baltimore	Yrs. Mos. Days	531 Deck	River Meck	3
should be carefully supplied.		SEX   6.COLOR OR RACE   7. SING	LE. MARRIED.  WED, DIVORCED (Specify)	8. DATE OF BIRTH 3/13/91	9. AGE (In years)	Under Vear onths Days Hours Min
n shou		A. USUAL OCCUPATION (Givekind of 108. KII)  done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SI	tate or foreign country)	12. CITIZEN OF WHAT COUNTR
G mation eath c	13	FATHER'S NAME		14. MOTHER'S MAI	DEN NAME	01, 0, 1(.
BINDING of information should uses of death clearly a	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	A	DDRESS
FOR y item		18. 420.1 and 260 X  DISEASE OR CONDITION DIRECTL  LEADING TO DEATH  (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	Y .g., (A) Weys	of DEATH	adure	INTERVAL BETWE ONSET AND DEA
0	z	ANTECEDENT CAUSES	(B) Quite	wogsrardi	al inforction o	when 3 week
IN RESEING INK.	CATIO	DISEASES OR CONDITIONS, IF ANY, GIN RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO		/	
MARGIN I UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRI- TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		tes mellit	Tuo	3 yrs
H	AL C	WAS PERF		C. P	OPERATION WAS RELATED TAUSE OF DEATH, ENTER	YES NO
0	MEDIC		1B. PLACE OF INJURY (euthome, farm, factory, street, office		E DID (If in Baltimore City, CUR?	give exact location)
AINL Illy in	4	21D TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	E	INJURY OCCUR?	
E PL specia		22. I hereby certify that I attended it deceased alive on 430, 1953		1950	to 6/30, 195 from the causes and on t	Sthat I last saw the date stated above
WRIT e is e		23A. SIGNATURE N. W. W.	ever) M.D.	Druverity	Vesto	23C/DATE SIGNE
LEASE WRITE PLAINLY, rrect age is especially imp	TIC	AA. BURIAL, CREMA- ON, REMOVAL (Specify)	St. Stan	islans	Balto Balto	md-
	*D	ATE RECEIVED BY   REGISTRAR'S SIGNA	TURE	25. FUNERAL DIRE	CTOR	ADDRESS



	0-465	
53	7746	

## BALTIMORE CITY HEALTH DEPARTMENT

Registered 53 7746

BIRTH NO.	Negistered AW
I. NAME OF DECEMBED	2. DATE
(Type or Print) Theresa ((Cair 11)	OF CLUD 29 1953
3. PLACE OF DEATH:   4. USUAL RESIDENCE (Wh	ere deceased lived, If institution : residence
A. Baltimore City, Maryland	B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	
INSTITUTION C. CITY OF TOWN ALL OF TOWN	utside corporate Amits, write RURA and give township)
1 3913 Canjer buty 1 a long 1111	nore
11/ 10/10/10	ral, give location)
c. Length of stay in Baltimore 14 Days 3913 (4)	nierbury na
	9. AGE (In years   1 Under I Year   H Under 24 Hours   Months Days Hours Min.
F. WIDOWED, PIVORCED (Specify) Feb 5 1865	Stringsy months Days Hours Ann.
10A. USUAL OCCUPATION (Givehindof) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fore	
work done during most of working life, eyen if retired) INDUSTRY	WHAT COUNTRY?
13. FAMER'S NAME 1 14. MOTHER'S MAIDEN NAM	1 OVA
13. FACTOR S NAME	n (1-1+
JUSIQUE O. O/I/A Margarel	1011
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16 SOCIAL 17. INFORMANT SECURITY NO. 17. INFORMANT SECURITY NO. 17. INFORMANT	ADDRESS
to makennedulto	minell Brightside Kd
18. 1/ 20.0 CAUSE OF DEATH	INTERVAL BETWEEN
7200	ONSET AND DEATH
LEADING TO DEATH	16 Heart 5 yes
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury or complication which caused death.) DUE TO	14
ANTECEDENT CAUSES	madesti the
Z (8)	J-20 -1110 G1-50
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
UNDERLYING CONDITION LAST.	
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other significant conditions Contributing	1 mans
I TO THE BEATH BUT NOT RELATED TO THE	ochivis and
U BISEASE ON CONDITION CAUSING IT.	ON WAS RELATED TO 120. AUTOPSY?
WAS PERFORMED . CAUSE OF	DEATH. ENTER IN
PART I OR U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (II	FARTI
OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	In Daltimore Only, give exact location,
DEATH (NOTIFY MEDICAL EXAMINER)	
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJU	RY OCCUR?
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
c/24 53 C	275.053
	27, 195, That I last saw the
	all the same word are the dube studed when we
	ecluses and on the date stated above.
28A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
28A. SIGNATURE Penne 123B. ADDRESS 4 Ca	ST 23c. DATE SIGNED
23A. SIGNATURE  23B. ADDRESS  M. O. 1 CO. 2  24A. BURIAL, CREMA 24B. DATE   24C. NAME OF CEMETERY OF CREMATORY   24O. DO	
23A. SIGNATURE  23B. ADDRESS  M. O.  24A. BURIAL, CREMA- 24B. DATE  TION, REMOVAL (Specify)  24C. NAME OF CEMETERY OR CREMATORY  24O. LO	ST 23c. DATE SIGNED
28A. SIGNATURE  23B. ADDRESS  M. O. // CO. 2  24A. BURIAL, CREMA, 24B. DATE  24C. NAME OF CEMETERY OF CEMATORY   240. LO.	ST 23c. DATE SIGNED

VS 150

Dr. Renner-11 N 29 MAX 1030 am

19B. CONDITION FOR WHICH OPERATION WAS PERFORMED

WORK

20. AUTOPSY CAUSE OF DEATH, ENTER IN PART I OR PART II

IF OPERATION WAS RELATED TO

215. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?

21E. INJURY OCCURRED WHILE AT NOT WHILE!

22. I hereby certify that I attended the deceased from deceased alive on

1953, and that death occurred at 4:10 Am., from the causes and on the date stated above. 23B. ADDRESS

201 SIGNATURE 24A. BORIAL, CREMA TION REMOVAL (Specify, CREMA-24B. DATE 240

NAME OF CEMETERY OR CREMATORY

2 dd LOCATION (City town, or county)

Duria DATE RECEIVED BY LOCAL REGISTRAR

19A DATE OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

21D TIME (Month) (Day) (Year) (Hour)

DEATH (NOTIFY MEDICAL EXAMINER)

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

VS 150

OF INJURY

WITH

PLAINLY.

WRITE

SE correct

PI,EA

important. EDICA

especially

13 age (If outside corporate limits, write RURAL and give

before admission)

300

township)

COUNTR

(If rural, give location)

9. AGE (In years) If Under I Year | If Under 24 Hours last birthday) Months! Days Hours! Min.

12. CITIZEN OF

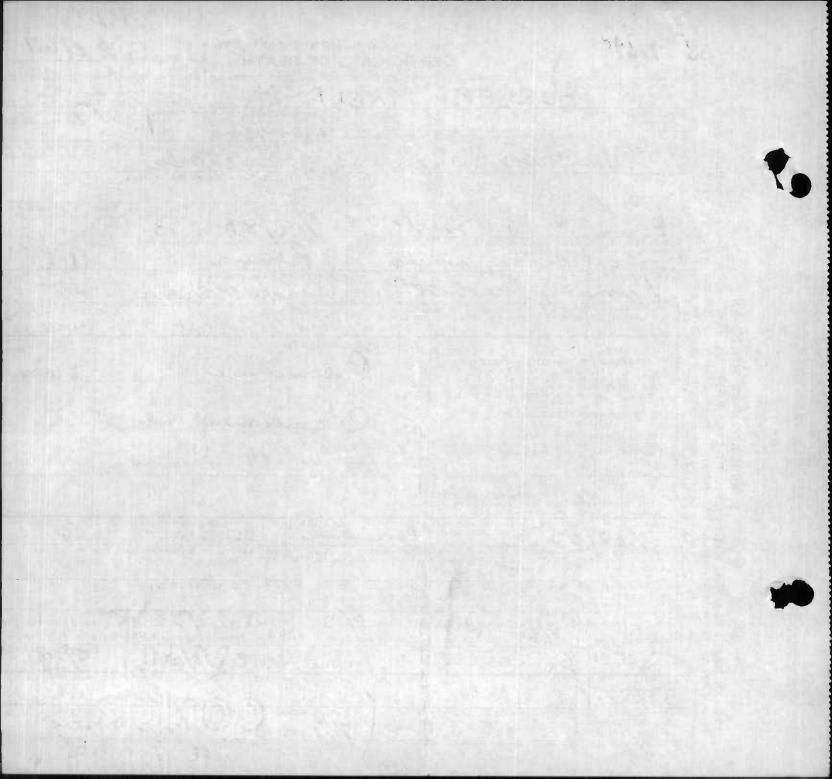
INTERVAL BETWEEN ONSET AND DEATH

Carcinona

AT WOR

21F. HOW DID INJURY OCCUR?

19 5 that I last saw the



B-	356
53	7748

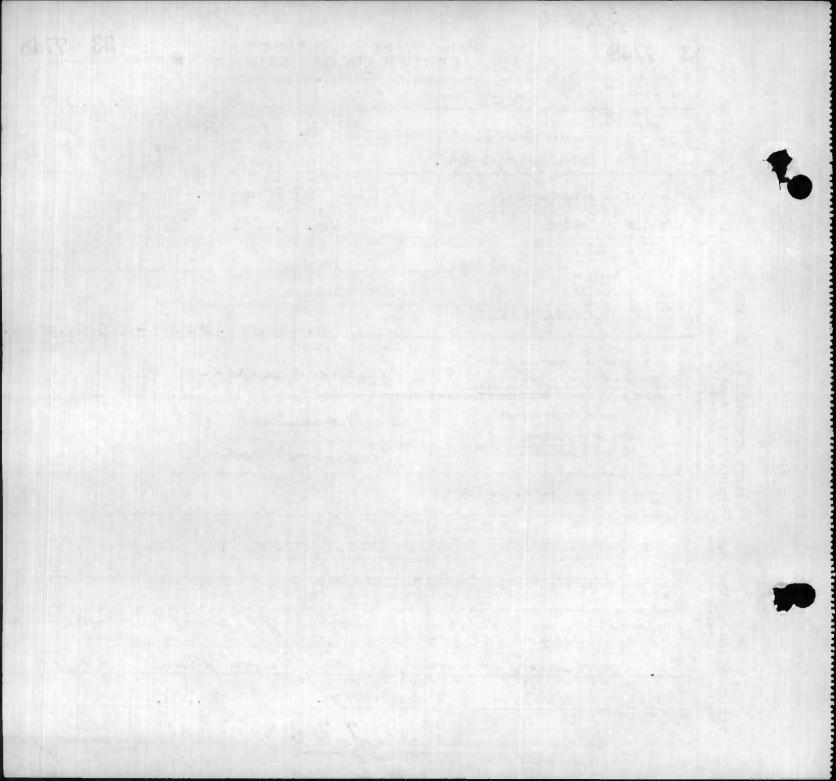
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	53	7748
Registered	No	

E	BIRTH NO.									
1.	NAME OF D	ECEASED					2. DATE			
(1	Type or Print)	CAH	ROLINE E	BUTTNER			OF DEATH A	lug. 2	9, 1953	
A.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or				4. USUAL RES	IDENCE (W	here deceased live B. COUNT	ed. If insti		e sion)
H	OSPITAL OR	OF (If not in hospi	tal or instituti	ion, give street address or location)	C. CITY OR TON	WN (If	outside corpo ate	limits.	File RURAL and	give
11	ISTITUTION	Union Memo	orial Ho	sp.	Baltimo			2	town	ship)
	11			Yrs.	D. STREET ADE	DRESS (If	rural, give locatio	11)		
c.	Length of s	tay in Baltimore		Mos. Days	2303 Ha	arlem Av	ve.			
5	female	6.COLOR OR RACE	7. SINGLE WIDOW WIO	E, MARRIED. (ED, DLVORCED (Specify) OWED	Jan. 28,		9. AGE (In year last birthday	rs If Under	l Year   Under 24 B Days Hours	Hours Min.
10 wor	DA. USUAL OC	CUPATION (Give kind o of working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fo	oreign country)	12.	CITIZEN OF WHAT COUN	TRY?
_	Housewi:		at hom	le	Germany					
	B. FATHER'S				14. MOTHER'S	MAIDEN NA	AME			
	William I	reitag			Unknown					
15 (Y	5. WAS DECEASI	D EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	ī		ADDF	RESS	
(-)	no	(12 23 ) (31 )		SECORITI NO.	Mr. Char	les A.	Buttner -	- 2303	Harlem A	Ave.
	18. 33/	X		CAUSE	OF DEATH				INTERVAL BETV	VEEN
		E OR CONDITION	DIRECTLY	^	,/				ONSE! AND DI	EAIM
		LEADING TO DEA	TH	. Ceres	brue Heu	uanha	oc.			
	heart failu	re, asthenia, etc. It me	ans the diseas	e, (A)			0			
	injury or	complication which	caused death							
		ANTECEDENT CAU	SES	Alexan	Meder					
Z	DISEASE	OR CONDITIONS,	IF ANY, GIVIN	(B)		******************				*****
F	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  CASSURVED  (E)									
₹	ONDERL	ING CONDITION L	ASI.	(c) Cur	work	cross	••••••			
I L		Ť1							1	
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING									
CE		DEATH BUT NOT PRECONDITION CAUSIN		) (HE						
1			WAS PERFO			PART !	TION WAS RELAT OF DEATH, ENT OR PART II	ER IN	20. AUTOPSY	
EDIC										
Σ	210. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?  OF INJURY   WHILE AT   NOT WHILE									
m.   WORK   AT WORK   3										
22. I hereby certify that I attended the deceased from Jaw, 137, to aug , 1953, that I last saw the deceased alive on aug 14, 1953, and that death occurred at I m., from the causes and on the date stated above.										
deceased alive on aug 14, 1953. and that death occurred at I m., from the lauses and on the date stated above.										
	23A. SIGNATURE Delivarty M. D. 23B. ADDRESS Entre Place 23c/DATE SIGNED 23.7 S									
24a. BURIAL, CREMA- 24B. DAY   24c. NAME OF CEMETERY OR CREMATORY   24d. LOCATION (City, town, of county) (State) TION, REMOVAL (Specify) Burial   9/1/53   Loudon Park Cem.   Balto., Md.										
	DATE RECEIVED BY   REGISTRAR'S SIGNATURE   25 NUNERAL DIRECTOR   ADDRESS									
	OCAL REGIST		grow, tri-	1 1 100 1	Others 6	5.0%	1000-1	If xl	MA	= ==
	AUG 31 10 3 That's com Waren My Tayon. D. Juhner & sous									

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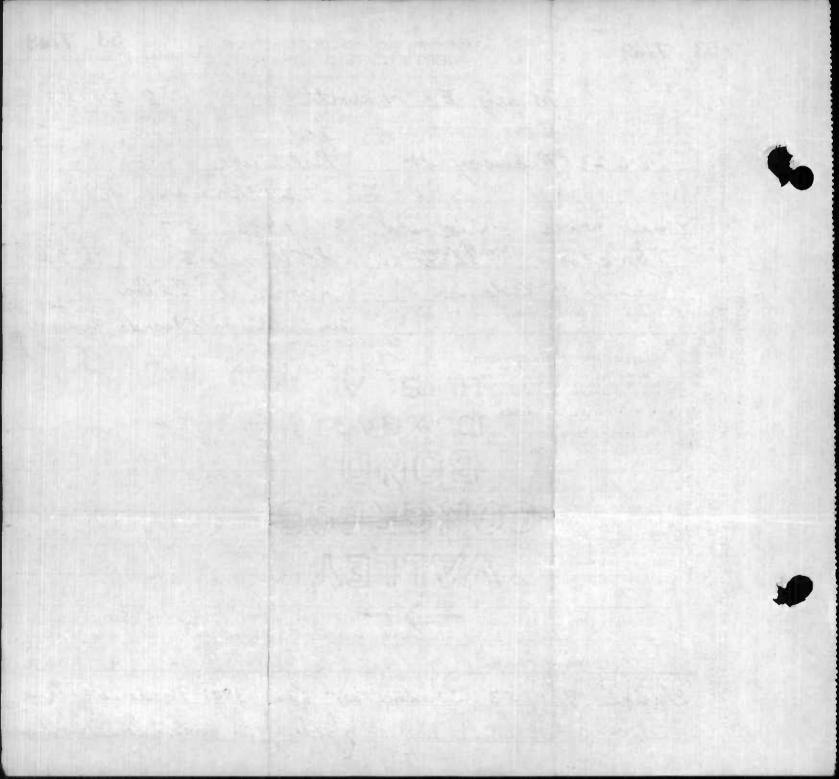
Balto. 17, mid



## BALTIMORE CITY HEALTH DEPARTMENT

53 7749

TIME OF COUNTY NO.  1. SPEACE OF DEATH A. Baltimore City, Maryland A. Baltimore City, Maryland B. FULL NAME OF (If not in hespital or institution, give street address or better) B. FULL NAME OF (If not in hespital or institution, give street address or better) B. FULL NAME OF (If not in hespital or institution, give street address or better) B. FULL NAME OF (If not in hespital or institution, give street address or better) B. FULL NAME OF (If not in hespital or institution, give street address or better) B. FULL NAME OF (If not in hespital or institution, give street address or better)  C. CITY OR TOWN (If outside curposals lightly and better)  S. SEX B. G. COLOR OR RACE (7. SINGLE MARKED OF 1871 AND 1871	BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
3. PLACE OF DEATH. A. BEILLONG (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. FULL NAME OF (If not in hospital or institution) B. B. FULL NAME OF (If not in hospital or institution) B. B. FULL NAME OF (If not in hospital or institution) B. B. FULL NAME OF (If not in hospital or institution) B. B. FULL NAME OF	(Type or Print)	m E. Hewitt	OF 0/20/1-3
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, astheria, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OF INJURY OR CONTRIBUTING CAUSE OF CONDITION CAUSING IT.  OF CONTRIBUTING CONDITION CAUSING IT.  OF CONTRIBUTION CAUSE OF CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH ENTER IN YES NO CONTRIBUTING COURSE OF DEATH (NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  DEATH (NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE A	3. PLACE OF DEATH: A. Baltimore City, Maryland		Where deceased lived, If institution: residence
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DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, sathenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OFERATION  19A. DATE OF OFERATIO	10A. USUAL OCCUPATION (Give kind of 10 work dong during most of working life, even if retired)		oreign country) 12. CITIZEN OF WHAT COUNT
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, ashtenia, tec. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	= Operator	Shirts to St. Mary	160. USA
DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, ashtenia, tec. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	James B Ga	lanes Sarah	
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DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, ashtenia, tec. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (B)	is es	1 - mes Chestine >	. Eduards Ramsay
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 109. CONDITION FOR WHICH OPERATION CAUSE OF DEATH. ENTER IN YES NO OR CONTRIBUTING CAUSE OF DEATH. (NOTIFY MEDICAL EXAMINER)  21A. ACCIDENT WAS UNDERLYING BUT NOT RELATED TO CAUSE OF DEATH. (NOTIFY MEDICAL EXAMINER)  21B. TIME (Month) (Day) (Year) (Hour) Street, office) bldg., etc.) INJURY OCCUR?  21C. THERE (Month) (Day) (Year) (Hour) Street, office) bldg., etc.) INJURY OCCUR?  21C. I hereby certify that I attended the deceased from WHILE AT WORK AT WORK AT WORK 23. SIGNATURE  22A. BURALC, CRENA. 24B. DATE 24C. NAME OF CENETERY OF CREMATORY 24D. LOCATION (City, town, or eclinty) (State) below benched and per content of the course and on the date stated at 2 and per course at 2 and per cou	E S 18. ) 7 0 X		ONSET AND DE
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Z1A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)   21B. INJURY OCCURRED OF INJURY OCCUR?   21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED OF INJURY OCCUR?   21F. HOW DID INJURY OCCUR?   22. I hereby certify that I attended the deceased from deceased alive on deceased alive on deceased alive on deceased alive on deceased alive on deceased solution of the deceased solution of the deceased alive on deceased alive on deceased alive on deceased solution of the deceased alive on deceased alive on deceased solution of the deceased alive on deceased alive on deceased solution of the deceased alive on deceased solution of the deceased alive on deceased alive on deceased solution of the deceased alive on deceased solution of the deceased alive on dece	RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.		
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21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY OCCUR?  21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED OF INJURY OCCUR?  21c. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED AT WORK AT WORK 22c. I hereby certify that I attended the deceased from deceased alive on 22c. I have by certify that I attended the deceased from 22c. I hereby certify that I attended the deceased fr	OTHER SIGNIFICANT CONDITIONS CO	ATED TO THE	<b>a</b>
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22. I hereby certify that I attended the deceased from deceased alive on deceased al	O DEATH (NOTICE MEDICAL EVAMINED)	2 B. PLACE OF INJURY (e.g., in or 21c. WHERE DID	
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24A. BURAL CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Student of the county) (Student of the county) (Student of the county) (Student of the county) (Student of the county)	deceased alive on Que 74,	19 53, and that death occurred at from from	
24A. BURAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (St.	23 SIGNATURE	238. ADDRESS	31 S 3.
Burial 9/1/53 Loudon Park Cem 3801 Frederick Ur	of an artist and a comment	24C. NAME OF CEMETERY OR CREMATORY 24D. L	OCATION (City, town, or county) (State
	3 Burial 9/1/5	3 Loudon Park Tem 38	01 Frederick Ul

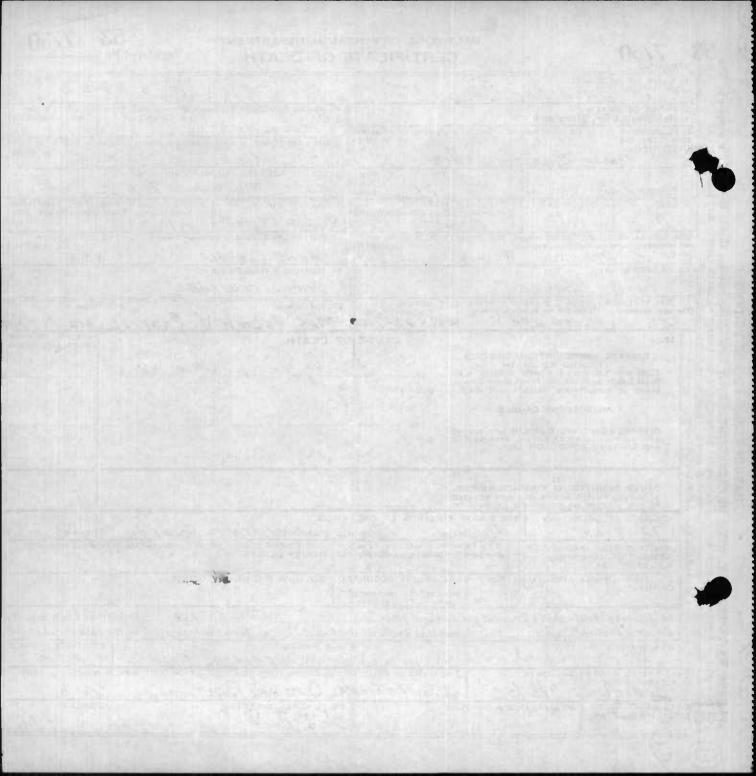


	(	7-3	40	BALT	IMORE CITY	HFALT	H DEPARTMENT		53	7750
1. The	В	7750 IRTH NO.			ERTIFICA			Regist	tered No	7730
	1.	NAME OF D	DALE LEE	CAUD	122			2. DATE OF DEATH	8-29-	5-3
supplied.		Baltimore	City, Maryland			A. S	JSUAL RESIDENCE (W	here deceased B. COU		ution: residence before admission
ully su	Н	FULL NAME OSPITAL OR NSTITUTION		,,	, give street address locati			outside corpora	ate limits Avril	e RUKAL and gi township
		1/1/10	WON MEMOR	IAL AC	95 <i>P</i> .		D. STREET ADDRESS (If rural, give location)			
le le			tay in Baltimore		24 Mo	ys   c		LAND F		
should be early and l		SEX	6.COLOR OR RACE	MARI	MARRIED, D, DIVORCED (Spec ELEP	eify) \$1. D	ARCH 19, 1929	9. AGE (In ) last birth		Year If Under 24 Hou Days Hours Mir
on shou clearly	WOT	FFICE	CUPATION (Givekind of of working life, even if retired) WORKER	BETHLEH	F BUSINESS OR INDUST FM STEEL	RY	11. BIRTHPLACE (State or foreign country)  PENNSYL VANVIA  12. CITIZEN OF WHAT COUNTY  WHAT COUNTY  USA			WHAT COUNTRY
information s of death cl	13	3. FATHER'S	CAUDIZL				MOTHER'S MAIDEN NA			
for d	15	5. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES?   1	6. SOCIAL	17.1	NEORMANT	NEK	ADDRE	SS
of in	(Ye	YES	WORLD WAR		SECURITY NO		PRS. VELMA	V. CAU	0114,	
INK. Every item of please write the causes	FICATION	(This does heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEAT not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complex of	FANY, GIVING	(A)	e of c	lgkein s	Dise		NTERVAL BETWEE
ans: pl			HE ABOVE CAUSE (A) /ING CONDITION LA		(C)					
UNFADING Physicians: p	CERTI	TRIBUTING	II IGNIFICANT CONDI TO THE OEATH, BUT ISEASE OR CONDITION	NOT RELATED						
H	_	1	7	98. MAJOR F	INDINGS OF OF			1/	.,	20. AUTOPSY?
Y, WITH mportant.	EDICA		ENT WAS UNDER-		E OF INJURY (e. factory, street, office bl	g., in or   2	DENOPATHY 21c. WHERE DID (I NJURY OCCUR?	f in Baltimore	DING BUT	VES NO L
T.E.	≥	21d. TIME OF INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCU	ILE	21F, HOW DID INJURY			
TE PI especi.			y certify that I att	ended the de	ceased from	1:	2-9 1952 to 8- 14245 pm., from the	29	, 1953, tho	it I last saw ti
ITE		dcceased a	live on 8-29	_, 19 <u>3</u> 3, an	d that death oc	curred a	DDRESS m., from the	he causes an	d on the da	te stated abov
WR ge is		1 200	nerly s.	. Free	п. И м. о.	UNI	ON MEMORIA		. 8	29-53
PLEASE WRITE correct age is esp	TI	ON, REMOVAL (S	Specify) 9/1/	53 4	S. NATIO		CEMETERY BA	LTIMON		unty) (State
PLE		ATE RECEIVE		S SIGNATUR			UNERAL DIRECTOR		ADD	ORESS

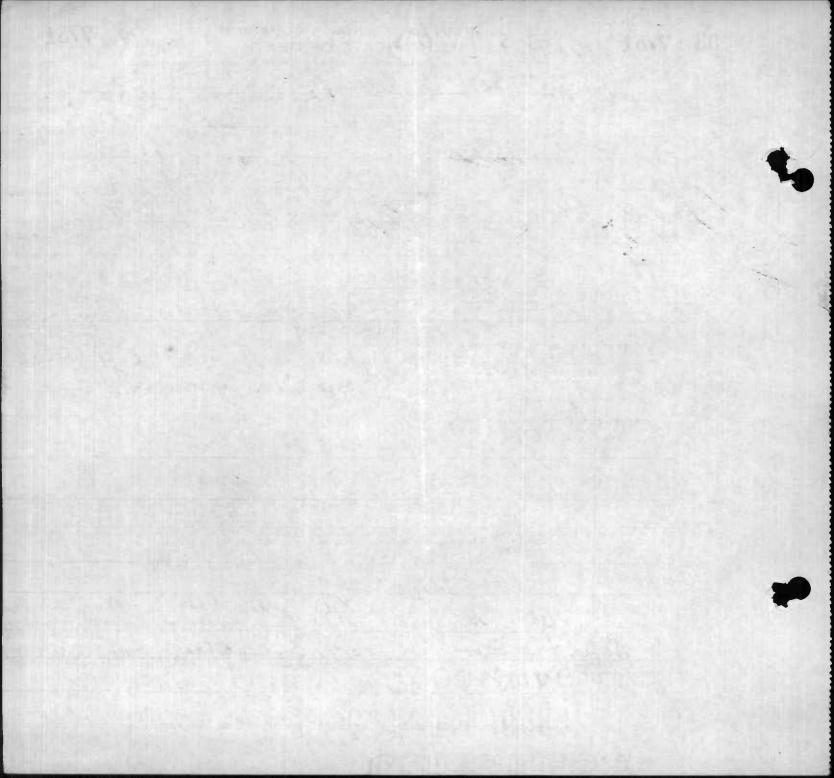
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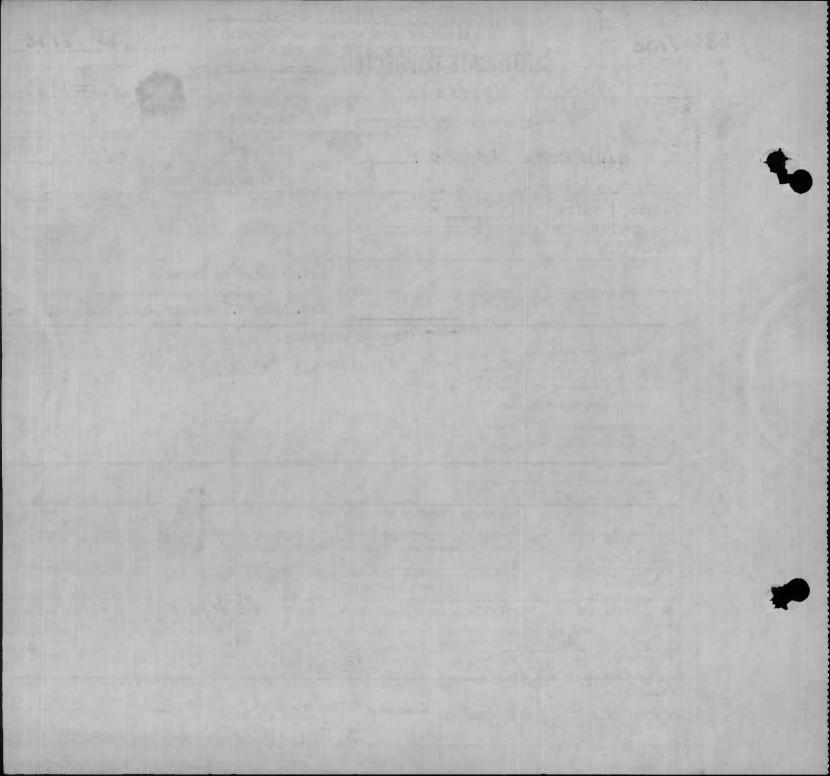
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53	BIF	MINISTER .	TY HEALTH DEPARTMENT CATE OF DEATH	Registered No. 7761		
should be carefully supplied. Tearly and legibly.	3. F	NAME OF DECEASED The or Print) Baby Many Q, R PLACE OF DEATH: Baltimore City, Maryland	EINSHELDEN A. USUAL RESIDENCE (W	2. DATE OF 8/30/53 here deceased lived. If institution: residence before admission)		
	B. F	FULL NAME OF (If not in hospital or institution, give street a	c. CITY OR TOWN (If	C. CITY OR TOWN (If outside corporate limits, write hURAL and give township		
d be care	c. ]	Length of stay in Baltimore  SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCE	Mos. Days 1029 We's	9. AGE (In years   M Under I Year   M Under 24 Hours   Months   Days   Hours   Min.		
tion shou	work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  FATHER'S NAME	S OR DUSTRY  11. BIRTHPLACE (State or for Ball to Ball	Med. WHAT COUNTRY		
NDING information s of death cle	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT	Dolones 17 INFORMANT	Kachele		
MARGIN RESERVED FOR BI LAINLY, WITH UNFADING INK. Every item of ally important. Physicians: please write the cause	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	AUSE OF DEATH  Organisa in	loto Pily I well		
	ERTIFICATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
		19A. DATE OF OPERATION 19B. CONDITION FOR WI WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF IN about home, farm, factory, DEATH (NOTIFY MEDICAL EXAMINER)	CAUSE O PART I O JURY (e.g., in nr) 21C. WHERE DID (	F DEATH. ENTER IN YES NO III		
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY  m. WHILE AT WORK  22. I hereby certify that I attended the deceased from	NOT WHILE AT WORK			
PLEASE WRITE PI correct age is especi	2.1	deceased alive on \$ 130 , 1958, and that dea	th occurred at 8 m., from the 23s. ADDRESS M.D. 5.7/6 Receledate	re causes and on the date stated above  23c. DATE SIGNED  23c. DATE SIGNED  23c. DATE SIGNED  23c. DATE SIGNED  (State)		
PLEASE correct a	DA	TE RECEIVED BY CAL REGISTRAR'S SIGNATURE	Redeemen 25. FUNERAL DIRECTOR WM GOK JAC.	Balto. Md. ADDRESS 1217 St. Paul st.		
		VS 150				



<b>F0</b>		165 CERTIFICATE CORRECTI	D 9-2-53	52 7720					
53 å		CERTIFICATE CORRECTE	OF DEATH	Registered No. 7752					
		NAME OF DECEASED  (ype or Print)  MAYGASET UPPERMAN		PATE OF DUA 28 1953					
pplied	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or		eceased lived institution: residence  B. COUNTY before admission)					
should be carefully supplied.	H	OSPITAL OR ISTITUTION (I NO WINGS THE STORY I STATE OF ST	Baltimore	e corporate limits, write KURAL and give township)					
carefu legibly	c.	Length of stay in Baltimore  Yrs.  Mos. Days	D. STREET ADDRESS (If rural, 1530 Hollins						
ld be cand le		Female   6.COLOR OR RACE   7 WIDOWED, DIVORCED (Specify)		GE (In years of Under I Year of Under 24 Hours of Min.					
		A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY HOUSEWILE	11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY?					
atic	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Mrs. Katherine Tuc	ler					
BINDING of inform uses of dea	15 (Ye	(If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT E. Barni	nart-4307 Shamrock Ave.					
FOR y item		DISTINCT OF CONDITION DIFFERENCE	Yional Hayl Dis	INTERVAL BETWEEN ONSET AND DEATH					
RESEF G INK. please	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)							
MARGIN UNFADIN Physicians:	RTIFI	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED							
77	CE	19A, DATE OF OPERATION 19B, MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?					
ILY, WITH important.	DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		altimore City, give exact location)					
AINLY, lly impo	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY  MHILE AT WORK AT WORK	21F. HOW DID INJURY OCC	UR?					
PL		22. I certify that I took charge of the remains described above, held an Autopsy, Uspection or Inquiry the evidence obtained by said Autopsy. Inspection or Inquiry, find that said decoased died on the day stated above,							
WRIT] e is es		and death in my opinion resulted from: natural causes	, accident . suicide ., h  238. CHIEF MEDICAL EXAMI ASSISTANT MEDICAL EXAMI	omicide □, undetermined □.  NER□   23c. DATE SIGNED					
PLEASE WRITE correct age is esp	2. TI		RY OR CREMATORY 24D. LOCATI	ON (City, town, or county) (State)					
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS					
	v	S 151	Balti	more 17, med.					



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	7703			CERTIFICATI			7783 red No.	
	BIRTH NO.			CENTII ICAT	L OI DEA			
	1. NAME OF D (Type or Print)	101120-01-0				2. DATE OF	100/55	
-	3. PLACE OF D	EVA B.	WHYTE		1 4. USUAL RESI	DENCE (Where deceased liv	ed, if institution; residence	
	A. Baltimore	City, Maryland		LN CONV.HOM	A. STATE	B. COUNT		
	B. FULL NAME HOSPITAL OR			ion, give street address or location)		/N (If outside corrored	limits, write CULAL and give	
	INSTITUTION	N. GAR	EY STR	FEL	BALTIMOR	16	township)	
3  -				Yrs.		RESS (If rural, giv location	on)	
921	c. Length of s	tay in Baltimore	60	YRS Mos.	1	PRESBURY STRE		
	5. SEX	6. COLDR OR RAC	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE DE BIR	last birthda	ars II Under 1 Year   If Under 24 Rours y) Months: Days   Hours: Min.	
2 -	F	C	WIDO	WED	11/14/18			
, a	10A. USUAL OC ork done during most	CUPATION (Give kind of working life, even if retire	of 10B. KIND	OF BUSINESS OR INDUSTRY	/	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
5  -	ATTEND		BATH	HOUSE		COUNTY, VA.	П.S.A.	
acti	13. FATHER'S	NAME			14. MOTHER'S N			
3  -	CLARANC	E SAMUEL I	DAW ED EODCES?	16. SOCIAL	HOLLE	<u> </u>		
5	Yes, no or unknown)	(If yes, give war or da	tes of service)	SECURITY NO.	17. INFORMANT	THE FOOE OF	ADDRESS	
- Ise	NO	NO		CAUCE	OF DEATH	EWING-5905 0	INTERVAL BETWEEN	
Ca	18. /7/	SE OR CONDITION	DIRECTIV	CAUSE	OF DEATH	0 -	ONSET AND DEATH	
Line		LEADING TO DE	ATH	· (a)	moo, on	Course	2 years	
a life	heart failt	are, asthenia, etc. It m complication which	eans the diseas	e,	//			
WE		ANTECEDENT CAL			0			
asi	z			(B)		***************************************		
bies	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A	) STATING TH		9 19			
		YING CONDITION	LAST.	(C)	***************************************			
lan	OTHER SIG	11						
/Sic	OTHER SIG	DEATH BUT NOT						
	DISEASE C	OR CONDITION CAUSI	NG IT.	***************************************	DEBATION	IF OPERATION WAS RELA	TED TO   20, AUTOPSY?	
. l		OF OPERATION	WAS PERFO			CAUSE OF DEATH, EN'	TER IN YES NO	
portant	OR CONTRI	ENT WAS UNDERL BUTING CAUSE ( TIFY MEDICAL EXAMI	OF about	bome, farm, factory, street, office	(c. g., in or case of the case			
dmi	T	(Month) (Day) (Yea		21E. INJURY OCCURR	ED 21F. HO	W DID INJURY OCCUR?		
- 11	OF INJURY	, , , , ,	m.	WHILE AT NOT WHI	LE		(	
ecially	22. I herel	by certify that I a	ttended the	deceased from	-/- ,19	53 to 8-29-	1953, that I last saw the	
espe	deceased a	live on 3-29	-, 1953	and that death occu	rred at3.30P		on the date stated above.	
18	23A. SIGNA		Hau		238. ADDRESS	Maderi Br	235. DATE SIGNED	
age	24A. BURIAL. TION, REMOVAL (	CREMA- 248. DATE Specify)		24c. NAME OF CEMETI	ERY OR CREMATOR	240. LOCATION (City		
correct	BURIAL	9/1/			CEMETERY		MD. ADDRESS	
0.11	LOCAL REGIS		R'S SIGNAȚI	ON LINUA	25. FUNERAL D	1. HI	ADDRESS	
٠	MIG.	5 1 3 90 1	0	Ding	o race	WAW		

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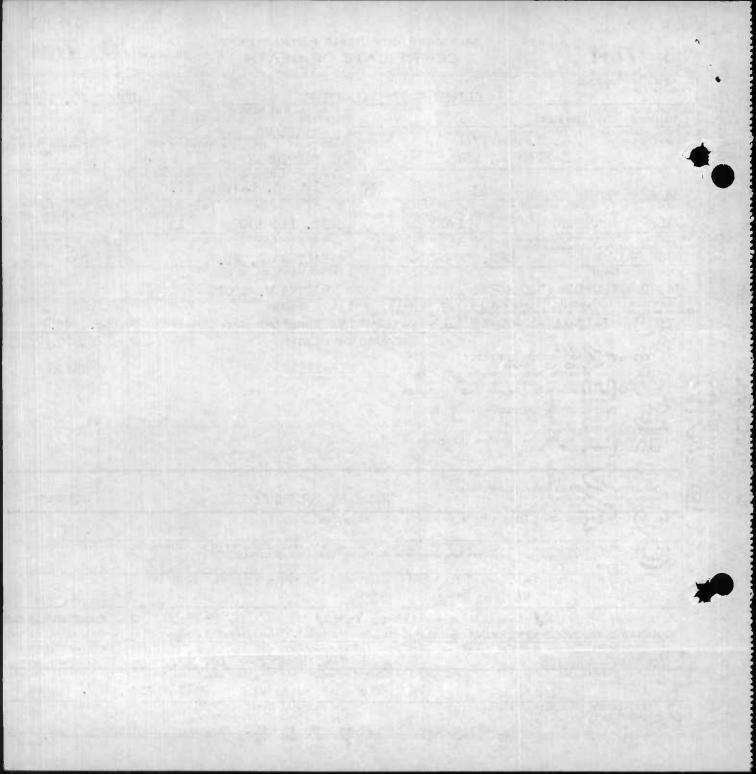
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The Correct age is especially important. Physicians: please write the causes of death clearly and leathly MARGIN RESERVED FOR BINDING

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	supplied.
H	ully
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLA Y, WITH UNFADING INK. Every item of information should be cally supprorrect age is especially inportant. Physicians: please write the causes of death clearly and legically.
RESERVED	G INK. Eve:
MARGIN	UNFADIN Physicians
	Y, WITH
	PLEASE WRITE PLA Y, WIT correct age is especiall inportant

Je .	5	102 x453 53 7754	BALTIMORE CITY HE		Registered No.	COPY
supplied. The	1. (T	NAME OF DECEASED ype or Print)  PLACE OF DEATH: Baltimore City, Maryland	OLIVER SCOTT VALE	ENTINE 4. USUAL RESIDENCE (WI		T 29, 1953 titution: residence before admission)
ld be cully and legarity	В.			MARYLAND c. CITY OR TOWN (If o	utside corporate limit	
			43 Yrs.	1002 W. LANVAL		
			INGLE, MARRIED, IDOWED, DIVORCED (Specify) DIVORCED	DOWED, DIVORCED (Specify) last birthday)		er I Yaar II Under 24 Heurs ns Days Hours Min.
VDING information should s of death clearly ar	T	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) RUCK DRIVER	INDUSTRY	11. BIRTHPLACE (State or for BALTIMORE, MD.	eign country)   12	USA
NG ormati death		FATHER'S NAME  JACOB VALENTINE (DECEASE)		MARTHA M. SCOTT		
BINDING of inform uses of dea	15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCE IN 10 or unknown)  YES  1-13-44 -12-20-4	ice) SECURITY NO.	17. INFORMANT VA Hospital Recor		RESS
RESERVED FOR INK. Every item please write the car	CATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. it means the injury or complication which caused ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	g, e. g., (A)	OF DEATH MEPATITIS		UNKNOWN
MARGIN UNFADING Physicians:	CERTIFIC	II OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R TO THE DISEASE OR CONDITION CAUS	ELATED PULMONA	ARY TUBERCULOSIS		UNKNOWN
田.	A L	19A. DATE OF OPERATION   19B. M.	AJOR FINDINGS OF OPER			YES NO
Y, WIT	/EDIC		B. PLACE OF INJURY (e. g., ir t home, ferm, factory, street, office bldg., e	1 or 21C. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, glve	e exact location)
Ø₽.	~	21D. TIME (Month) (Day) (Year) (Hour OF INJURY	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?	
E PL specia		22. I hereby certify that attended	the deceased from 7-	3-53 , 19 , to 8-	-29-53 , 19, 1	
PLEASE WRITE PL. correct age is especia		23A. SIGNATURE MEREDITH JOHNSON		VAH, BALTIMORE 18		8-29-53
ASE ct ag	24 TIO	Burial CREMA- 24B. DATE 9/1/53	24c. NAME OF CEMETER Baltimore	RY OR CREMATORY 24D. LO	CATION (City, town, or Baltimore, N	county) (State)
PLE.	D.	THE RECEIVED BY REGISTRAR'S SIG	NATURE	25. FUNERAL DIRECTOR		DDRESS
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### BALTIMORE CITY HEALTH DEPARTMENT

	53	7755
istered	No.	

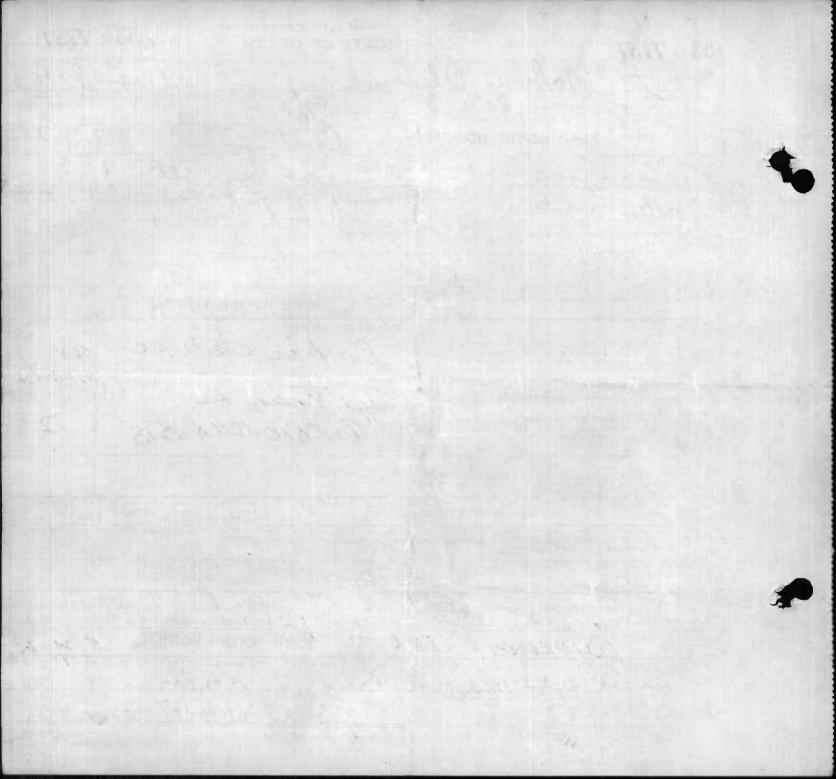
3	7/55	CERTIFICATE	E OF DEATH	Registered 1	No	
1.	NAME OF OECEASED ype or Print) ANNIE	C. CROCKETT		2. OATE OF AUE	30, 1953	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (		institution: residence before admission)	
H	FULL NAME OF (If not in hospital OR STITUTION 731 McCabe A	of or institution, give street address or location)	Baltimore	f outside corporate limi	3, write (UAA) and give township)	
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give focation) 731 McCabe Ave.			
5.	SEX 6.COLOR OR RACE white	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH July 28, 1867	9. AGE (In years last birthday) M	Il Under 1 Year It Under 24 Hours onths Days Hours Min.	
10 worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or )	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	s. father's name Ward		Nancy Hoffman	IAME	4-1	
	5. WAS DECEASED EVER IN U. S. ARMED (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Evelyn C. Sny		ODRESS De Ave.	
RTIFICATION	heart failure, asthenia, etc. It mea- Injury or complication which c  ANTECEDENT CAUS  DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNOERLYING CONDITION LA	aused death.) DUE TD  ESS (B)  F ANY, GIVING STATING THE DUE TO ST. (C)	D			
CER	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSING	RELATED TO THE			TO   20, AUTOPSY?	
AL		9B. CONDITION FOR WHICH OF VAS PERFORMED	CAUSE PART I	OF DEATH, ENTER OR PART II	IN YES NO P	
EDIC	21A. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINE	about home, farm, factory, street, office		(If in Baltimore City	, give exact location)	
Σ	210. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	JURY OCCUR?	( )	
	22. I hereby certify that I att deceased alive on	_, 19, and that death occu	rred at 1:36 An., from 239. ADDRESS	the causes and on	that I last saw the the date stated above	
2 T	4A. BURIAL, CREMA- 24B. OATE ON, REMOVAL (Specify) 9/31/53	Mt. Holly C		Ononcock, V	a. 0	
		S SIGNATURE	25 FUNERAL OIRECTOR	Tickened	ADDRESS	

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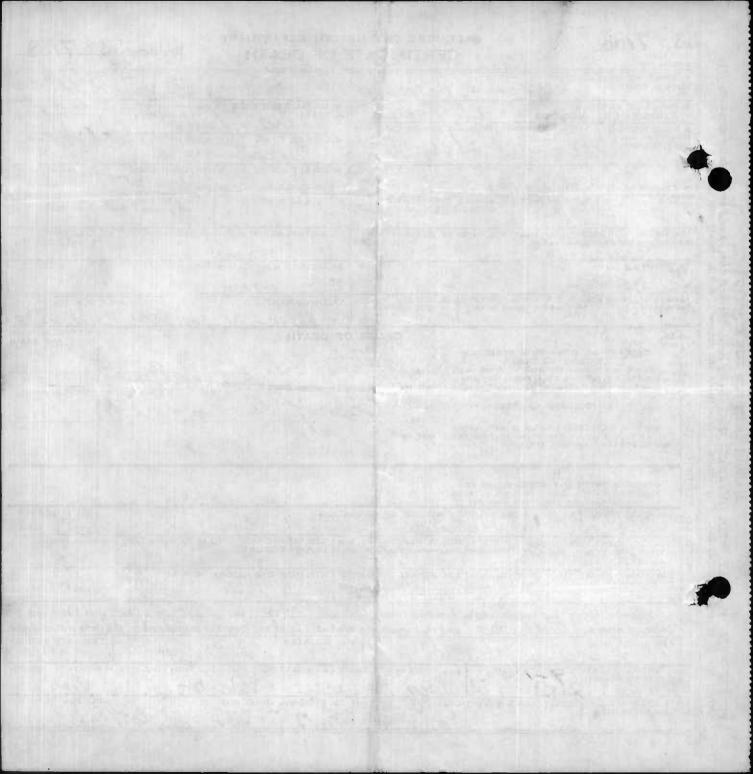
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Letter from Dr. S. Edwin Muller
2 W. Read Street

attending physician.

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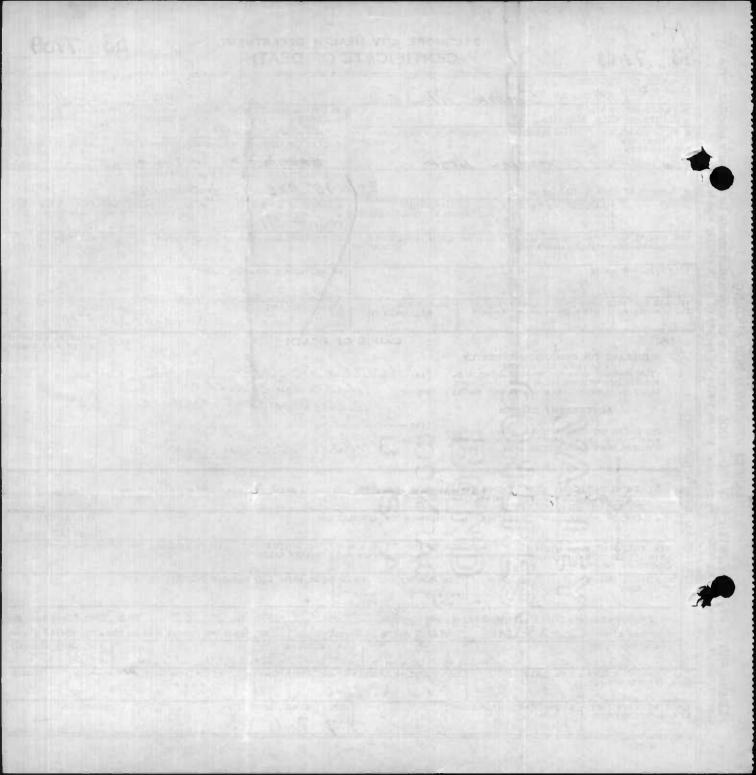


	K-625		
		EALTH DEPARTMENT E OF DEATH Registered 53	7758
	1. NAME OF DECEASED Agnes Krason	2. DATE OF DEATH	28/53
	S. PLACE OF DEATH:  A. Baltimore City, Maryland Baltimore  B. FULL NAME OF (If not in hospital or institution, give street address of the street address o	4. USUAL RESIDENCE (Where deceased lived, If inst	titution : residence before admission
	HOSPITAL OR HOSPITAL DOCATION HOSPITAL		township
	c. Length of stay in Baltimore Yrs. Mos. Days		
	5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify	dast hirthday) Month	s Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of morking Mre, even if retired)  HOUSE INDUSTRY	Poland.	. CITIZEN OF WHAT COUNTRY
	Stephen	14. MOTHER'S MAIDEN NAME	
	15. WAS DECÉASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service)  16. SOCIAL SECURITY NO.	amolsees Krason 2506 H.	udson St
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  DUE TO	tartotic careyoni	INTERVAL BETWEEN
	Z ANTECEDENT CAUSES	a of the breast	
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)		
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	a of the liver	YES NO
	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg. CAUSE OF DEATH		exact location)
1	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURF OF INJURY  WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from deceased alive on 128, 19, and that death occur	ting., 19 %, to 8 - 28, 1953, to greed at 10 Am., from the eauses and on the	
	24A. BURIAL, CREMA- TION REMOVAL (Specify)  ATT TO STATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	eary Balto- Co:	county) (State)
	Vs 150	Mm7 Stool Housen 2007	astern
			une



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	ully supplied.	Arcs
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLA Y, WITH UNFADING INK. Every item of information should be ully supplied. The	correct age is especial amortant. Physicians: please write the causes of death clearly and legacy
MARGIN RESER	Y, WITH UNFADING INK.	portant. Physicians: please
(	C	, m
	PLEASE WRITE PLA	correct age is especia

M 14/0	
3 7759 BALTIMORE CITY HE	E OF DEATH Registered No. 17759
BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARY EMMA MILLER	2. DATE OF OF DEATH \$106 29 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence  B. COUNTY  before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
LANION MEMORIAL HOSP.	BALTIMORES CATONS VILLE township)
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  15 PRBUTUS AVENUE
S. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNOBTAINABLE	UNOBTAINABLE.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS TWO Granles ST
18. 490 X . CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	· A .
(This does not mean the mode of dying, e.g.,	no selejotic cardio-
injury or complication which caused death.) DUE TO	ascular dise as E
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	0
UNDERLYING CONDITION LAST.	al preumona.
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. MAJOR FINDINGS OF OPER	
21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., I bout home, ferm, factory, street, office bldg.,	
CAUSE OF DEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 8	-28 1953 to 8-29 , 195 That I last saw the
deceased alive on 7-29, 1953 and that death occur	red at 1/23 am., from the eauses and on the date stated above.
	LATION MEMORIAL HOSP 8-29-53
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25: FUNERAL DIRECTOR / ADDRESS
LOCAL REGISTRAR	It aleas Am 805/ Calcut St.
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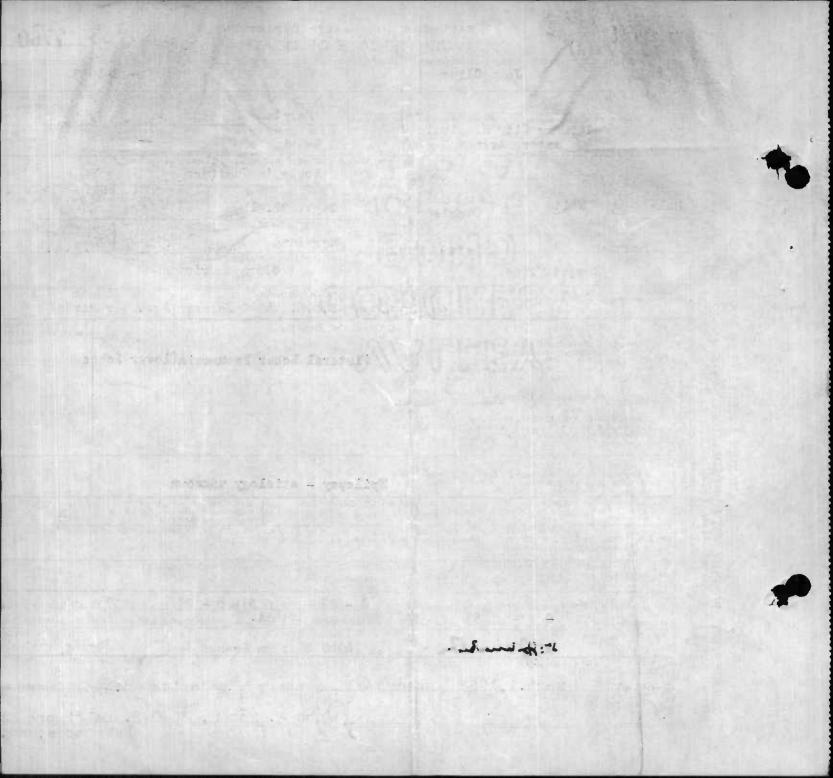


1. (T	NAME OF D	ECEASED Jo	hn Clin	ne			2. DATE 8	-29-195	3
A.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or					esidence (V	Where deceased liv	TY	before admis
H	HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Avenue				c. CITY OR	c. CITY OR TOWN (If outside corporate limits, write RURAL to			RURAL and town
-		tay in Baltimore		Life Yra	Bowley	's Quart	rural, give location	on)	4
M	ale	White	Sins	E, MARRIED. /ED, DIVORCED (Speci	Sept. 30		9. AGE (In yes	ars     Under     Y y)   Months   D	Days Hours
work	A. USUAL OC doneduring most	CUPATION (Give kind of of working lifs, even if retired)	108. KIND	OF BUSINESS OR INDUSTRI			oreign country)		HAT COUNT
	FATHER'S	Samuel Cline		(1)		s MAIDEN N			
15 (Ye	. WAS DECEAS s, no or nuknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	D FORCES? is of service)	16. SOCIAL SECURITY NO	17. INFORMA		stern Ave.	ADDRES	1
	(This does heart failu	SE OR CONDITION LEADING TO DEA' not mean the mode or, asthenia, etc. It mea	T <b>H</b> of dying, e. g ons the disease	e, (A) <b>Bil</b>	g B.C.H. OF DEATH			ON	TERVAL BET
ICATION	DISEASE (This does heart failu injury or	not mean the mode ore, asthenia, etc. It mea	TH  of dying, e. g  ns the disease  caused death  SES  F ANY. GIVIN  STATING TH	CAUSE e, (A)	OF DEATH			ON	TERVAL BETY
ERTIFICA	DISEASE HEART OF THE COUNTY OF	LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of the complication which of the complication which of the complication which of the complication which is one complication which is not complication with the complex compl	TH of dying, e. g ns the disease aused death SES  F ANY, GIVIN STATING THEST.	(B)	OF DEATH	ar Prem	onia(lowe	ON	TERVAL BETV
L CERTIFICA	OISEASE RISE TO TUNDERLY OTHER SIG	LEADING TO DEAT NOT ME ANTECEDENT CAUSE OF CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA LA LA LA LA LA LA LA LA LA LA LA LA	TH of dying, e. g ns the disease aused death SES  F ANY, GIVIN STATING THEST.  CONTRIBUTED TO SELATED TO SELAT	CAUSE  (A)	eteral Leb	elegy un	ETION WAS RELADED PART II	TED TO 20 TER IN YE	D. AUTOPSY
EDICAL CERTIFICA	DISEASE (This does heart failuinjury or DISEASE: RISE TO TUNDERL')  OTHER SIG TO THE OISEASE C	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication of the comp	TH of dying, e. g. ns the disease aused death SES  F ANY, GIVIN STATING THEST.  CONTRIBURATION TO SELATED TO S	CAUSE  (A)	epty - eti	elegy un	knowa	TED TO 20 TER IN YE	D. AUTOPSY
L CERTIFICA	OTHER SIGNO THE OSEASE OF LAND THE CONTRIBUTION OF LAND THE CONTRIBUTION OF CO	LEADING TO DEAT NOT MEAN TO THE ABOVE CAUSE (A) VING CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA LA LA LA LA LA LA LA LA LA LA LA LA	of dying, e. g. ns the disease aused death ses  F ANY, GIVIN STATING THE STATING THE	CAUSE  (A)	COPERATION  (e. g., la or local ling)  (e. g., la or ling)  RED 21F. HILE	IF OPERA CAUSE (CAUSE CAUSE OF PART I DE WHERE DID RY OCCUR?	ETION WAS RELADED PART II	TED TO 20 TER IN YE	D. AUTOPSY
EDICAL CERTIFICA	DISEASE (This does heart failus injury or DISEASE: RISE TO TUNDERL'  OTHER SIGNOTO THE OF SEASE CONTRIBUTION OF CONTRIBUTION OF INJURY  21. TIME OF INJURY  22. I hereb	LEADING TO DEAT not mean the mode or re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication of th	TH of dying, e. g. ns the disease aused death SES  F ANY, GIVIN STATING THEST.  CONTRIBURATION THEST.  CONTRIBURATION THEST.  CONTRIBURATION THEST.  CONTRIBURATION THEST.  CONTRIBURATION THEST.  CONTRIBURATION THEST.	CAUSE  (A)	OPERATION  (e. g., la or loc loc bldg., etc.)  RED 21F.	olegy un  IF OPERA CAUSE C PART I O WHERE DID RY OCCUR? HOW DID IN.	ACTION WAS RELADED DEATH. ENTOR PART II (If in Baltimore	TED TO 20 TER IN YE City, give e	D. AUTOPSY sact location

John A. Moran, 3000 E. Baltimore St. Baltimore, Md.

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DATE RECEIVED BY



PLEASE WRITE PLAINLY, WITH correct age is especially important.

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## BALTIMORE CITY HEALTH DEPARTMENT

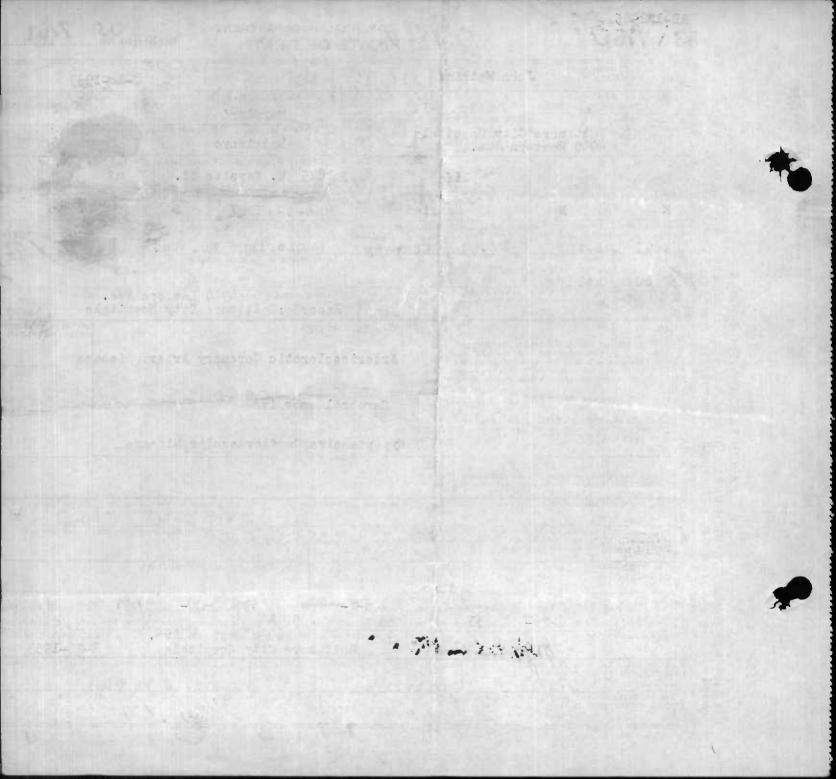
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3	VV76:	U	CERT	IFICATE	OF DEA	TH	Registered No.	11	O.L
	RTH NO.		- CLIVI	III ICATE	OI DEA				
1. (T	NAME OF D	Joh	n Watkins				2. DATE OF DEATH 8-28-1	1953	
	PLACE OF D	EATH: City, Maryland	Balto. Cit		4. USUAL RES	IDENCE (Wh	ere decessed lived. If ins	titution: re	sidence admission)
В.	FULL NAME		al or institution, give s	treet address or	Mar	ryland	20-	0	201111501011)
HIL	OSPITAL OR	Baltimore Ci 4940 Eastern		location)	c. CITY OR TO	wn (If o Ltimore	utside corporate limits, w	rite RUR/	\L and give township)
5	1				D. STREET ADI	ORESS (If re	ural, give location)	14-18	
		tay in Baltimore	Life	Mos. Days	1825 W.	Fayette	St.		
5.	SEX	6. COLOR OR RACE	7. SINGLE, MARRI WIDOWED, DIVO		B. DATE OF BII	RTH	9. AGE (In years H Und last birthday) Month		Under 24 Hours
	М	N	Marrie	d	June-4-1	899	54		
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	The KIND OF BUS	INESS OR	11. BIRTHPLAC	E (State or for	eign country) 12	CITIZEN	OF
	kill La	aborer	Md.Slag.Co	mpany	Cumber	land Co	. Va. U.	S.A.	CONTRI
13	FATHER'S	ZMAN		1	14. MOTHER'S	MAIDEN NA	ME		
	Jacob V	Jatkins			Judea	a Watki	ทย		- 0
15 (Ye	s, no or unknown)	ED EVFR IN U.S. ARMEI (If yes, give war or date	FORCES? 16. SOC	CURITY NO	7. INFORMAN	T 4940	Eastern Aven		
No				7-4321	Records:Ba	altimore	City Hospital	Ls	
CERTIFICATION	(This does heart failu injury or DISEASE:	S OR CONDITION LEADING TO DEA' a not mean the mode of tree, asthenia, etc. It mean complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) YING CONDITION LA	ITH of dying, e. g., ns the disease, caused death.)  DUE  SES  (E F ANY, GIVING STATING THE DUE	Cerebra	al embolis	<b>S</b> m	Artery Disease		ND DEATH
ERTIFI	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO THE						
_	19A. DATE O	F OPERATION	98. CONDITION FO VAS PERFORMED	R WHICH OPE	RATION		ON WAS RELATED TO DEATH, ENTER IN PART II	20. AUT	OPSY7
<b>IEDICA</b>	OR CONTRIE	ENT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about home, farm, f	OF INJURY (c. actory, street, office ble	g., in or ig., otc.) 21C. Wh INJURY	HERE DID (I	f in Baltimore City, give	ve exact lo	cation)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK					RY OCCUR?			
	22. I hereb	y certify that I att	ended the decease	d from 8-2-	. 19	53 to 8-	28-, 153,	hat I las	t saw the
	deceased a	live on 8-28-	19 <b>53</b> and that	t death occurr	ed at 3 A	m., from the	c causes and on the	date stat	cd above
	23A. SIGNA		has Mine	23	B. ADDRES 19	40 Easte	rn Ave.		SIGNED
2	AA. BURIAL.	CREMA- 24B. DATE	24c. NAN				CATION (City, town, or		
-	on, REMOVAL (S Burial	9/2/195	3 Farms	willo		Farmsv	ille Virgin	10	
D.	ATE RECEIVE	D BY   REGISTRAR	S SIGNATURE		FUNERAL I		A	DDRESS	
L	CAL REGIST	RAR	3 W/- 17	and Made		011	10-111-11	Bann	was "



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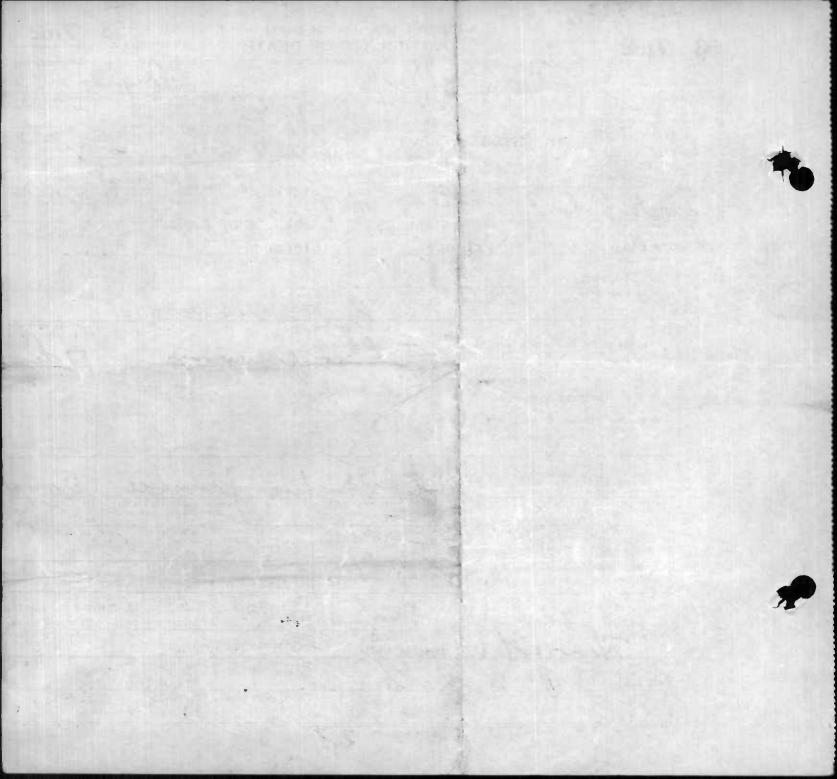


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(If outside corporate hmiss write RURAL and give township) (If rural, give location) If Under 1 Year Il Under 24 Hours AGE (In years last birthday) | Months: Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY 21C. WHERE DID (If In Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 that I last saw the [m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Brooklyn ADDRESS O, Wilson 1000 Be

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before admission)



### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF William Henry Ferguson supplied. 4. USUAL RESIDENCE (Where deceased lived, If it itution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) carefully legibly. INSTITUTION Baltimore 206 Dauglas Court D. STREET ADDRESS (If rural, give location) Yrs. Mos. 206 Douglas Court c. Length of stay in Baltimore 50 Yrs. Days should be 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Sep. Sept.19.1873 Col. Male 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY information s of death cle Bethlehem Steel Easternshore Md. Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unkown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or noknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or noknown) SECURITY NO. Pearl White 1229 E. Madison St causes 213-07-0496 Jo 18. 22.2 CAUSE OF DEATH Every item DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF OEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) DEATH (NOTIFY MEDICAL EXAMINER) 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT especially NOT WHILE 22. I hereby certify that I attended the deceased from March 17, 1953 to way . 1953, and that death occurred at be m., from the causes and on the date stated above. deceased alive on aug. 28 WRITE 23B. ADDRESS 23A. SIGNATURE (anentaren 24A. BURIAL, CREMA-24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 9/2/1953 Mt Calvery Burial Cem.

REGISTRAR'S SIGNATURE

Registered No. DEATH Aug-29-1953 B. COUNTY before admission) (If outside corporate limits township! It Under I Year 9. AGE (In years) last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS

INTERVAL BETWEEN

DNSET AND DEATH

20. AUTOPSY

PLEASE

, 1953, that I last saw the 23c. DATE SIGNED 240. LOCATION (City, town, or couply) Brooklyn ADDRESS 25 FUNERAL DIRECTOR

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LOCAL REGISTRAR 11001124

1707 EBulto A. Turk land of the August Special 56 . W. Bell The terminal of the state of th THE MARKET IN PROPERTY AS A STATE OF THE PROPERTY OF THE PARTY OF THE 

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DEATH Aug 25 - 1954. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years If Under I Year If Under 24 Hours Min. Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 2228 Emadison S INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY YES (If in Baltimore City, give exact location) 1931, that I last saw the Sauses and on the date stated above. 23c. DATE SIGNED 2/40 ADDRESS

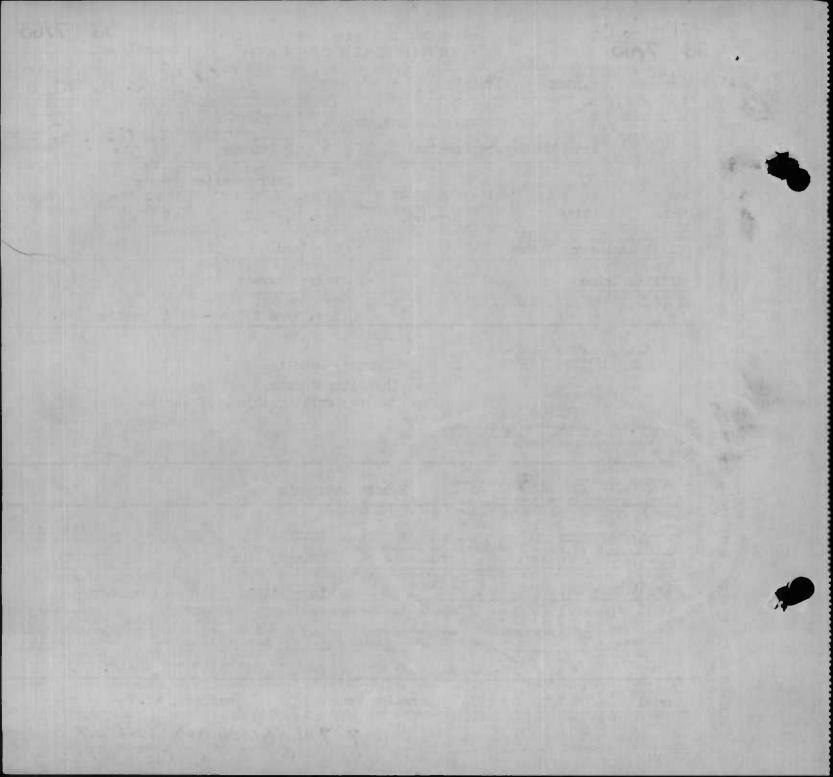
Dy & parcory 2200 E Madison, St THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

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# BALTIMORE CITY HEALTH DEPARTMENT

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3. I	NAME OF DECEASED NAME OF DECEASED STAN	T.FY T	DIME	2. DATE	
			RINE	of Aug.	
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived. If	institution : residence before admission
HO	FULL NAME OF finct in hospital or instinction STITUTION Franklin Square	location)		outside corpolate / mits	write RURAL and gi townshi
с.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 2817 Quant		
	SEX   6. COLOR OR RACE   7. SING WIDE	GLE, MARRIED, OWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 2, 1888	9. AGE (in years last birthday) Mo	Under 1 Year II Under 24 Hours Mir
C:	ivil Engineer (Rtd)n	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTR
W:	FATHER'S NAME		14. MOTHER'S MAIDEN N. Annie Garrett	AME	
15. (Yes,	. WAS DECEASED EVER IN U. S. ARMED FORCES (If yee, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Anna Trine		co Ave.
CATION	LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis injury or complication which caused de  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GI RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	ease, puz ToPhlebo due to	ry embolism thrombosis, left Crushing injury		
ERTIF	OTHER SIGNIFICANT CONDITIONS ( TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ated Broncho	pneumonia		
L	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPER	ATION		YES NO
EDICA	21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. about how	PLACE OF INJURY (e. g., ic me, farm, factory, street, office bldg., e <b>ro</b> ad	Miami, Florid		V-08
∑	OF INJURY About July 26, 1953 m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
_	the evidence obtained by said Ar and death in my opinion resulted	utopsy, Inspection or I d from: natural causes	Autopsy, inquiry, find that said de ☐, accident ☒, suicide  23B. CHIEF MEDICAL ☐ ASSISTANT MEDICAL	Inspection or Inquiry eccased died on the, homicide, was examiner	ndctermined
	A. BURIAL, CREMA 24B. BUTE N. REMOVAL (Specify)		.D.   MEDICAL INVESTIGAT RY OR CREMATORY   240. LO	OR	

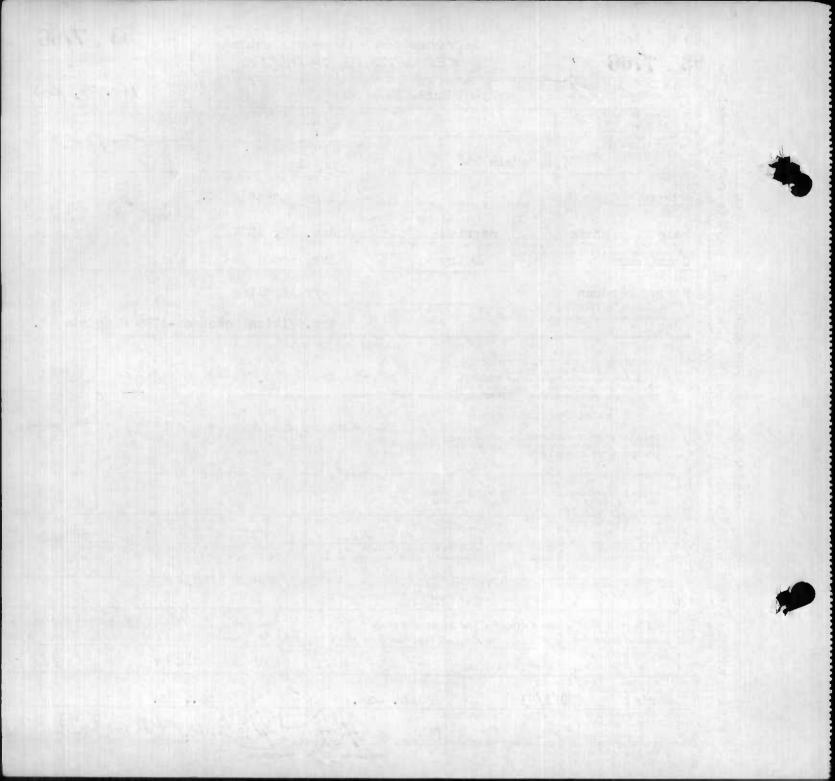


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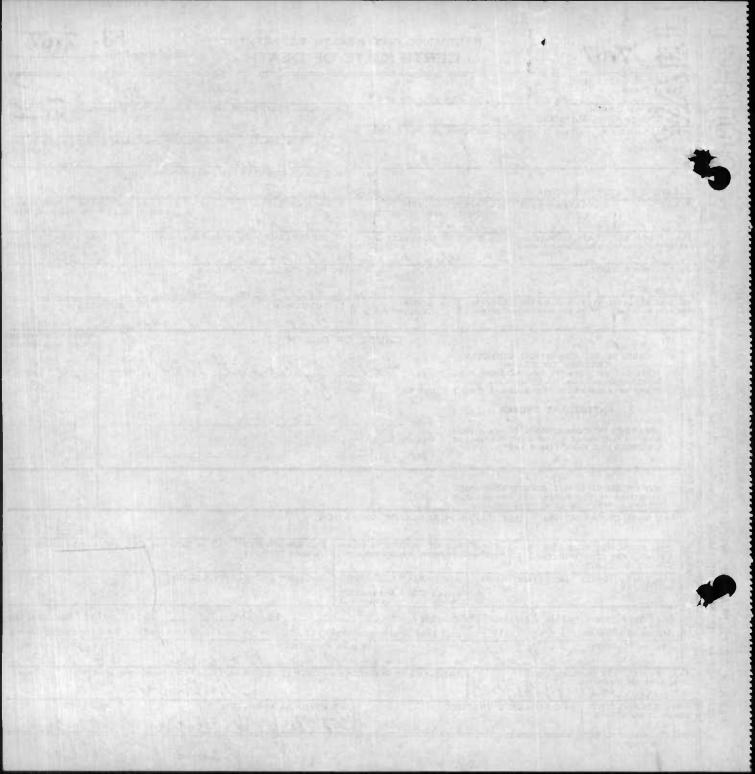
### BALTIMORE CITY HEALTH DEPARTMENT

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Tue	BIRTH NO. 00	E OF DEATH
.	1. NAME OF DECEASED (Type or Print) HARRY McFADDEN	2. DATE OF Aug. 29, 1953
у.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address location INSTITUTION 1709 Rosedale St.	
legibly.	c. Length of stay in Baltimore Yrs.  Mos. Days	1709 Rosedale St.
rly and	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Married Marrie	Jan. 22 1909 Lili 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
s of death clea	work done during most of working life, even if retired) Chauffeur  Dairy  The standard of the	Maryland  14. Mother's Maiden Name  Mary Kassling
causes of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Mrs. Vivian McFadden-1709 Rosedale St.
UNFADING INK. Every item Physicians: please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rewin   Lefs Lung unlewen
with	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  199. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER)	CAUSE OF DEATH, ENTER IN YES NO PART I OR PART II OR PART II YES NO PART II YES N
PLAINLY,	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WORK AT, WO	HILE
RITE is esp	deceased alive on 19, 19, and that death occ 23A. SIGNATURE	370 farmon Dlid 23c. DATE SIGNED
च ल	24a. BURIAL CREMA 24B. DATE 24c. NAME OF CEMETION, REMOVAL (Specify) 9/1/53 Balto. Cem	14
PLEAS	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  VS 150  VS 150	Jones J. Wicher & Jons, Balts 17 Hu

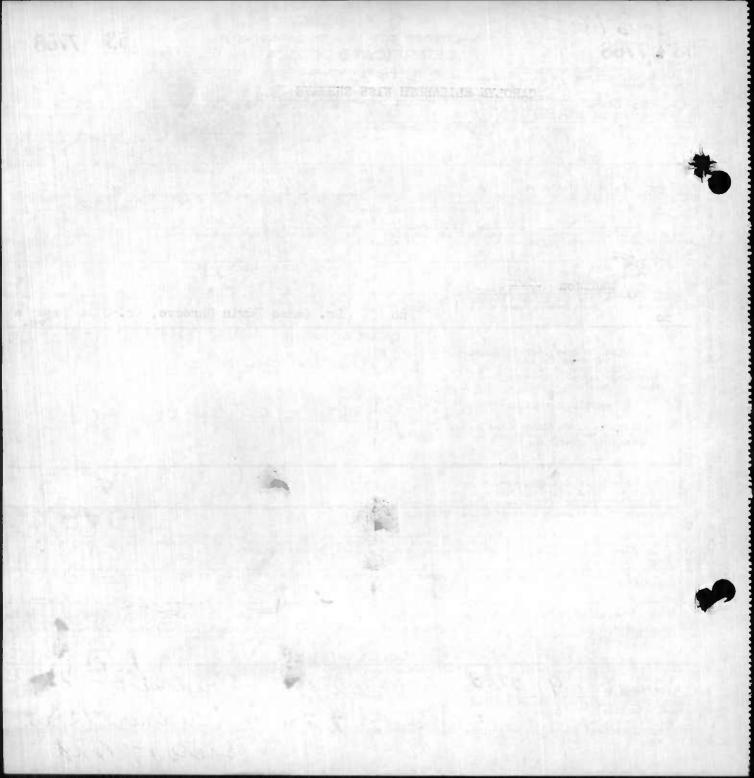


The		EALTH DEPARTMENT Registered I	3 7767
	1. NAME OF DECEASED (Type or Print) Daniel Harsh man	2. DATE OF DEATH	1/53
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
ully s	HOSPITAL OR location location		ts, write RURAL and give township)
le.	c. Length of stay in Baltimore 2 Yrs.  Mos. Days	D. STREET ADDRESS (If rural, give location)	200
should be	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		f Under 1 Year If Under 24 Hours on the Days Hours Min.
n shou	10A. USUAL OCCUPATION (Give kind of the transfer of the transf	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(DING information of death cl	13. FATHER'S NAME POET	14. MOTHER'S MAIDEN NAME Warther Petru	
BINDIN of infor	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or uokoowo) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT (Nite Bd 2 Annual	DDRESS Md
I RESERVED FOR G INK. Every item: please write the cau	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Myo cardial Intranction	INTERVAL BETWEEN ONSET AND DEATH
MARGIN UNFADING Physicians:	0		· ·
WITH rtant.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPER	, N	20, AUTOPSY?
Y, W	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bldg. CAUSE OF DEATH	,etc.) INJURY OCCUR?	give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. NJURY OCCURF OF INJURY OF MILE AT WORK AT WORK	· 🗀	<b>1</b>
RITE PI is especi	22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occu	nred at, 19 J to, 19 J arred at, from the causes and on t 238, ADDRESS	that I last saw the he date stated above.
PLEASE WRITE correct age is est	M. D.  244 BURIAL CREMA-124B, DATE TION REMOVAL (Specify)  4 7 15 7	ERY OR CREMATORY 240 LOCATION (City, town	of county) (State)
PLEA	DATE RECEIVED BY LOCAL REGISTRAR SIGNATURE	25 FUNERAL DIRECTORY	APDRESS
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		5-610	BALTIMORE CITY HI	EALTH DEPARTMENT	53	משמים
	), B	7/68	CERTIFICAT	E OF DEATH	Registered No_	1100
	1.	NAME OF DECEASED	AROLYN ELIZABETH WISE		2. DATE OF 8-3	0.53
		PLACE OF DEATH: Baltimore City, Maryland	yk,	4. USUAL RESIDENCE (Whe		tution: residence before admission)
N	В.		spital or institution, give street address or	plany	med	11
d		marya	ed Sen. Hosp	c. CITY OR TOWN State	modelinis, w	ite RURAL and give township)
9	c.	Length of stay in Baltimor	Yrs. Mos. Days	D. STREET ADDRESS (If Put	eal, give location)	are#15
ana	5.	SEX 6.COLOR OR RAI		8. DATE OF BIRTH S	O. AGE (In years if Under last birthday) Months	
leariy	1C worl	OA. USUAL OCCUPATION (Give kin k done during most of working life, eyen if reti	idof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Forei		CITIZEN OF WHAT COUNTRY?
2 11,	13	B. FATHER & NAME		14. MOTHER'S MAIDEN NAM	E	0.54
nean		Madison -	4. Day	Sophia	Suma	n
0 00	(Ye	5. WAS DECEASED EVER IN U. S. AR e, no or unknown) (If yee, give war or NO	MED FORCES? 16 SOCIAL SECURITY NO.	17. INFORMANT Dr. James Edwin Sh	reeve, Jr37	15 Sequoia
in siciation produce with	CERTIFICATION	DÍSEASE OR CONDITIO  LEADING TO D  (This does not mean the mot heart failure, asthenia, etc. It; in jury or complication which will be a second to the second to the second to the second to the second to the second to the death, but the disease or condition to the disease or conditions.	EATH le of dying, e.g., means the disease, h caused death.)  AUSES  G. IF ANY, GIVING (A) STATING THE LAST.  (B)	rcinomato R+ Breast Ce	dramo	
	7	19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
OI vesti	EDICA	21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING			n Baltimore City, give	YES NO Exact location)
Aver 1	ME	CAUSE OF DEATH  21D. TIME (Month) (Day) (You of INJURY	ear) (Hour)   21E. INJURY OCCURR		OCCUR?	
		22 I homohu contifu that I	m. WORK AT WORK	10)3	8-3010 (3	
des		deceased alive on 5	ti de la composition della com	rred at 15 m, from the	causes and on the de	
200	24	Man Dr	rall Fasherm. D.	maryland of	ATION (City, Rown, or co	ounty) (State)
1221	TK	Swual 9/	2/50 M/1.6	lives fre	ederick	ma.
100		ATE RECEIVED BY REGISTRA	Tony the Williams	25. FUNERAL DIRECTOR	ickner	Vous
		VS 150		Car	eto 17, 10	nd.



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rtant. Physicians: please write the causes of death clearly and l	
rtant.	

PLEASE WRITE PI

	53	D-200 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Regi	53	7769
	1.	BIRTH NO.  1. NAME OF DECEASED BERTHAM BUSH  2. DATE OF DEATH OF DEATH		9-53
	B. HC	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR location We have the street address or location  Yrs.  4. USUAL RESIDENCE (Where deceased at the street address or location)  C. CITY OR TOWN (If outside corporation)  O. STREET ADDRESS OF rural, give location	UNTY  Prate limits, Writ	before admission)
ry and r	5.	Tet. 16, 1884 69	Months Months	Days Hours Min.
es or ueaun clear	13	10. USUAL OCCUPATION (Give kind of ork done during prost of worklog life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or onkoown)  (If yes, give wer or detes of fervice)  16. SOCIAL SECURITY NO.		ESS Mando
ns: piease write the causes	ICATION	UNDERLYING CONDITION LAST.		NTERVAL BETWEEN NSET AND DEATH
I II yaicidila.	CERTIFIC	TRIBUTING TO THE DEATH, BUT NOT RELATED		
railt.	DICAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (6. 8., 10 or   21C. WHERE DID (If in Baltimo	ore City, give e	20. AUTOPSY? YES NO Xaet location)
important.	MED	CAUSE OF DEATH		
correct age is especi	S.	22. I hereby certify that I attended the deceased from deceased alive on 193, to 234 BIGNATURE  234. BURIAL, CREMA- 245 DATE  193, to 193, to 193, and that death occurred at 2 fm, from the causes of 234. BURIAL, CREMA- 245. DATE  244. BURIAL, CREMA- 245. DATE  193, to 1	on the da	C. DATE SIGNED

رغم

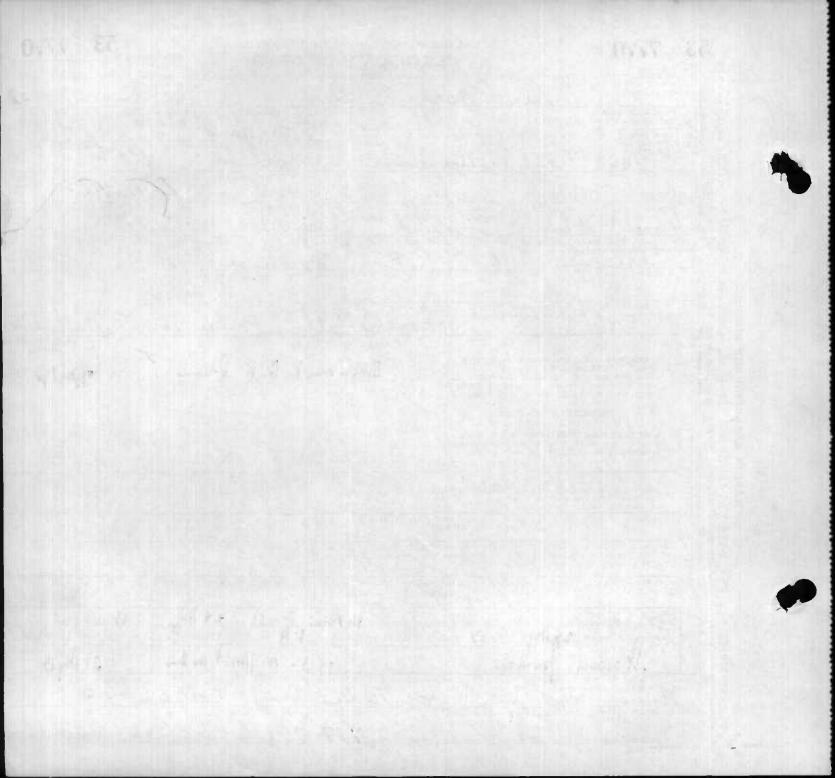
	B-34
l	BIRTH NO.
	1. NAME OF DEC (Type or Print)
Ì	3. PLACE OF DEA

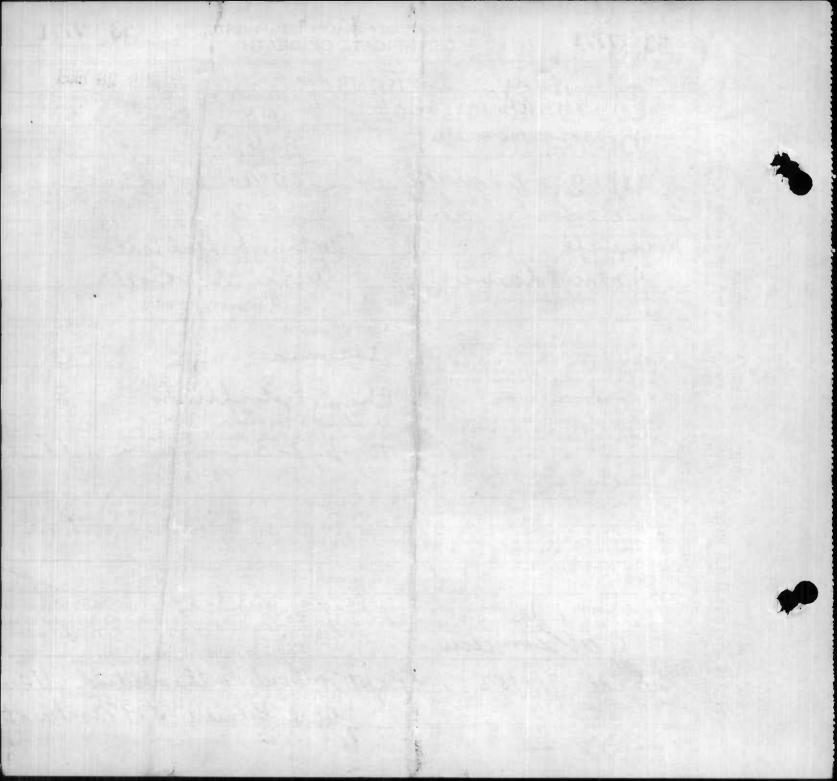
### BALTIMORE CITY HEALTH DEPARTMENT

	53	Opening the
Registered	No	7770
negisterea	140	

BIRTH NO.	E OF DEATH Registered No.		
1. NAME OF DECEASED  (Type or Print)  2. DATE OF OF OF OF OF OF OF OF OF OF OF OF OF			
3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If isstitution residence		
A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Maryland B. COUNTY before admission)		
HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RUIca L and give township)		
1423 North Millow Wenne.	D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore The Days	1423 North Millow ave #13		
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. WADOWED DIVORCED (Specify)			
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRT FIPLACE (State or foreign country) 12. CITIZEN OF CONFAT COUNTRY?		
Charroman B O. Tr. R. Baltimore / Not. 1.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS.		
705-03-9032	Catherine Baker - 1423 M. Millon ave.		
THE ASS OF CONDITION DISECTIVE	OF DEATH		
(This does not mean the mode of dying, e.g., (A)	to relied to GUR Virenes office 1 you		
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO			
ANTECEDENT CAUSES			
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
194. DATE OF OPERATION 198. CONDITION FOR WHICH OF	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN PART I OR PART II		
VAS PERFORMED  VAS PERFORMED  21A. ACCIDENT WAS UNDERLYING □ 21B. PLACE OF INJURY ( about bome, farm, factory, street, office	o. g., in or 21C. WHERE DID (If in Baltimore City, give exact location)		
DEATH (NOTIFY MEDICAL EXAMINER)			
5	215 HOW DID IN HIPV OCCUP?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY NOT WHI	LE T		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHI AT WORK	LE K		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1967, and that death occur	1951, to 25 lby, 1953, that I last saw the cred at 1 m., from the causes and on the date stated above.		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY OCCURR OCCURR OF INJURY OCCURR OF INJURY OCCURR OF INJURY OCCURR OF INJURY OCCURR OF INJURY OCCURR OF INJURY OCCURR OF INJURY OCCURR OCCU	1951, to 1952, that I last saw the rred at 1 m., from the causes and on the date stated above. 238. ADDRESS 23c. SATE SIGNED		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1967, and that death occur	Mtw 195, to 2 My, 193, that I last saw the cred at 1 m., from the causes and on the date stated above.  23B. ADDRESS N. M. Why 31 My B		
210. TIME (Month) (Day) (Year) (Hour) OF INJURY  210. TIME (Month) (Day) (Year) (Hour) OF INJURY  210. TIME (Month) (Day) (Year) (Hour)  2110. TIME (Month) (Day) (Year) (Hour)  212. I hereby certify that I attended the deccased from  deceased alive on 1, 19, 19, 21, and that death occur  232. Signature  243. Signature  When the continuous property of the continuous prop	195), to 2 My, 195, that I last saw the cred at 1 m., from the causes and on the date stated above.  238. ADDRESS N. M. Y W. W. 31 M. B.  ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)  Lemer C. Ballimore Md.		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E. INJURY OCCURR WHILE AT NOT WHI AT WORK  22. I hereby certify that I attended the deceased from deceased alive on 1, 19, 19, and that death occu 23A. SQNATURE  M.D.  24A. BURIAL, CREMA-1 24B. DATE   24C. NAME OF CEMETE	Mtw 195, to 2 My, 193, that I last saw the cred at 1 m., from the causes and on the date stated above.  23B. ADDRESS N. M. Why 31 My B		
210. TIME (Month) (Day) (Year) (Hour) OF INJURY  210. TIME (Month) (Day) (Year) (Hour) OF INJURY  210. TIME (Month) (Day) (Year) (Hour)  2110. TIME (Month) (Day) (Year) (Hour)  2111. INJURY OCCURR  WHILE AT WHILE AT WORK  NOT WHILE AT WORK  110. THE WORK  NOT WHILE AT WHIL	195), to 2 My, 195, that I last saw the cred at 1 m., from the causes and on the date stated above.  238. ADDRESS N. M. You 230. SATE SIGNED  230. SATE SIGNED  231. SATE SIGNED  230. SATE SIGNED  231. SATE SIGNED  240. LOCATION (City, town, or county) (State)  Leme Com. Ballimore Md.		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING





25. FUNERAL DIRECTOR

Baltimore, Maryland

before admission)

If Under 24 Hours

12. CITIZEN OF

U.S. A.

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

DATE RECEIVED BY

LOCAL REGISTRAR

Burial

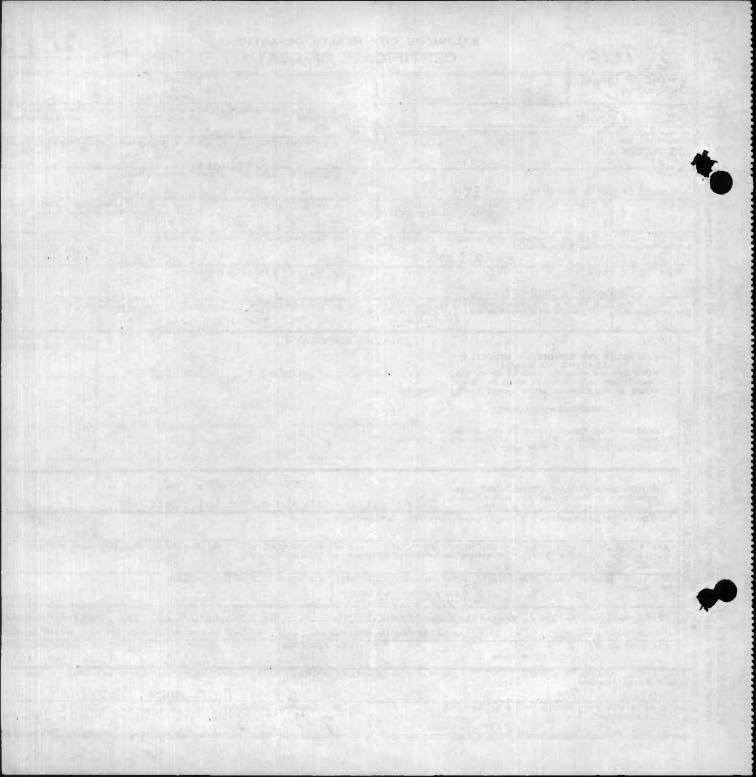
Sept.

1953

REGISTRAR'S SIGNATURE

Woodlawn

Cemetery

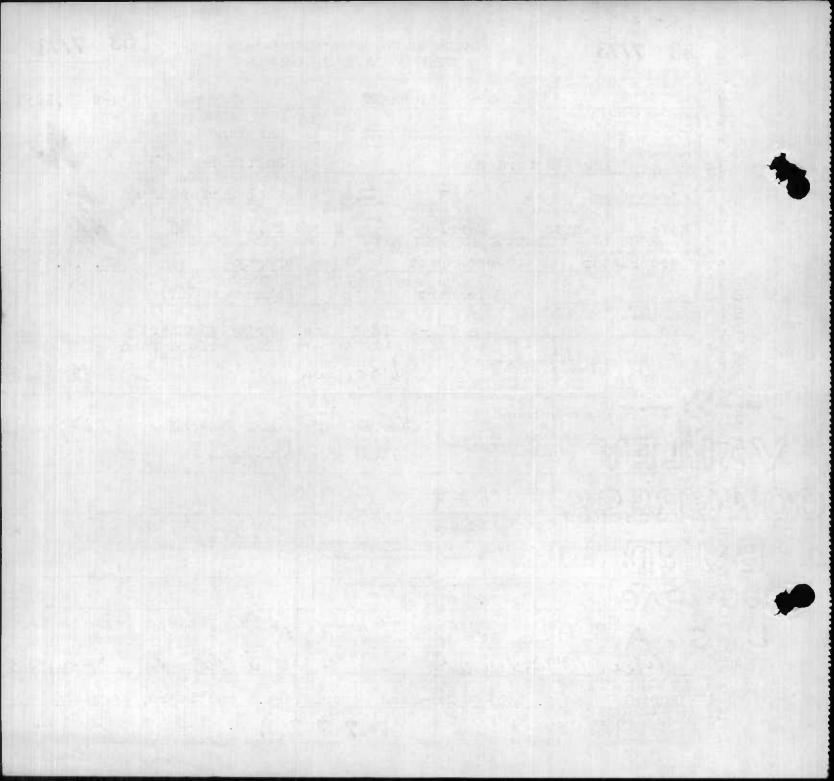


- 511	3 77°	(0)	CERTIFICAT			Registered N	7773
1. (T)	NAME OF D		ODORE REICHHART			OF DEATH AUGU	at 27 1953
	PLACE OF E	EATH:		4. USUAL RES	IDENCE (W	here deceased lived. If i	nstitution : residence
в. Г	FULL NAME	City, Maryland  OF (If not in hospi	tal or institution, give street address or	3.5	ryland		before admission)
	STITUTION		location)	C. CITY OR TO			write RURAL and give
A,	1)	2208 Harfo			altimor		) 8
		stay in Baltimore	43 Yrs.		,	rural, give location)  Ford Road	
	sex ale	6.COLOR OR RACE White	7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	March 12			Under 1 Year H Under 24 Hours thin.
10,	A. USUAL OC done during most	CCUPATION (Give kind of working life, even if retired	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fo		12. CITIZEN OF WHAT COUNTRY?
_	Proprie		Restaurant	Gern 14. MOTHER'S			U.S.A.
			Reichhart		nanna	(?)	
15. Yes	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dute	D FORCES?   16. SOCIAL	17. INFORMAN			DDRESS
	No	(17,50) Bito was of day	212-07-2845	Mrs. Ma	arie Re	eichhart	
CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION L,	FANY, GIVING LE TO Q	lusticlas	dio Va	e	12 Jun 5
ERTIFIC	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT	RELATED TO THE				
CE		OR CONDITION CAUSING					
0	19A. DATE C		98. CONDITION FOR WHICH O	PERATION	CAUSE O	TION WAS RELATED TO F DEATH, ENTER IN R PART II	
EDICAL C	21A. ACCID OR CONTRI	F OPERATION 1	NAS PERFORMED  ING   218. PLACE OF INJURY (	(6. g., ln or 21C. W	PART I O	F DEATH, ENTER IN	YES NO P
0	21A. ACCID OR CONTRIB DEATH (NO	ENT WAS UNDERLY	NAS PERFORMED  ING   218. PLACE OF INJURY (	(e. g., ln or 21c. Whe bidg., etc.)	PART I O HERE DID (	F DEATH, ENTER IN	YES NO
EDICAL C	21a. ACCID OR CONTRI DEATH (NO 21b. TIME OF INJURY  22. I herel deceased a	ENT WAS UNDERLY BUTING CAUSE OF FIFY MEDICAL EXAMINI (Month) (Day) (Year on certify that I at live on Thus	ING 21B. PLACE OF INJURY (about home, farm, factory, street, office of the plane)  (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK  tended the deceased from 1993, and that death occur.	(e. g., ln or 21c. Whe bldg., etc.)  ED 21f. HC	CAUSE OF PART 1 OF OCCUR?	PART II  If in Baltimore City, in URY OCCUR?	yes No Progree exact location)
MEDICAL C	21a. ACCID OR CONTRI DEATH (NO 21b. TIME OF INJURY  22. I herel deceased a	ENT WAS UNDERLY BUTING CAUSE O FIFY MEDICAL EXAMINI (Month) (Day) (Year)  TURE  TURE  TURE  TURE  TURE  TO PROPERTION  TO PROP	NAS PERFORMED  ING 21B. PLACE OF INJURY (about home, farm, factory, street, office with the control of the cont	(e. g., ln or 21C. Whebldg., etc.)  ED 21F. HO  LLE 19  Tredat 9  23B. ADDRESS	DW DID INJ	DEATH, ENTER IN R PART II II in Baltimore City, in URY OCCUR?  - Lucy , 195  ne caused and on th	That I last saw the e date stated above.  31-Acce 33-Acce 33
MEDICAL C	21A. ACCID OR CONTRII DEATH (NO  21D. TIME OF INJURY  22. I heret deceased a	ENT WAS UNDERLY BUTING CAUSE O FIFY MEDICAL EXAMINI (Month) (Day) (Year)  TURE  TURE  TURE  TURE  TURE  TO PROPERTION  TO PROP	NAS PERFORMED  ING   218, PLACE OF INJURY (	(c. g., ln or bldg., etc.)  ED 21f. HC  LLE 19  rredut 7  23B. ADDRESS  27  ERY OR CREMATO	PART I OPART I	PART II  If in Baltimore City, in URY OCCUR?	that I last saw the e date stated above.  23c. DATE SIGNED  31-According 18

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VS 150

Maryland SONS, INC.



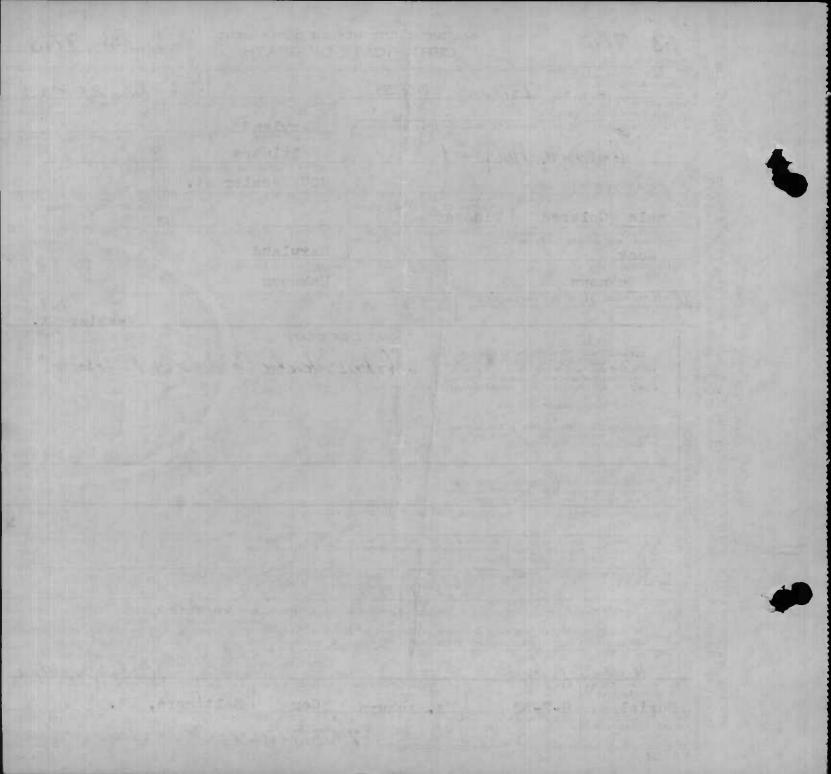
-	+		the same and the same and				
		BALTIMORE CITY HE	EALTH DEPARTMENT 53 777A				
The	18	53 NO. 7774 53-12/03 CERTIFICATI	E OF DEATH Registered No.				
		NAME OF DECEASED  ype or Print)  Clarence  To	2. DATE AUG 30 1953				
plied		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE before admission)				
dns	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or	Md				
illy		JOHNS HOPKINS HOSPITAL location)	C. CITY OR TOWN (If outside eorporate limits, write RURAL and give township)				
refu	3	Yrs.	D. STREET ADDRESS (If rural, give location)				
leg leg	-	Length of stay in Baltimore Mos. Days	329 Molphin St.				
NG rmation should be carefully supplied. death clearly and legibly.	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 30, 1953    May 30, 1953   Matter of Birth   Months   Days   Months   Days   Min.	sho	work	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR INDUSTRY	
tion h cl	13	None B. FATHER'S NAME	Maryland U.S.A.  14. MOTHER'S MAIDEN NAME				
VG rma deat		Clarence Townsend	Mountree Hudson				
DII	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL				
_ = =		18. 754,4 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
FOR y item the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
ing an			sarditis.				
Every write		Injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES					
RESERVED INK. Ever please write	Z	DISEASES OR CONDITIONS, IF ANY, GIVING					
RE ple	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
GIN ans:	U	(C)					
MARGIN I UNFADING Physicians: 1	RTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	T: - 1 !				
UN	CE	DISEASE OR CONDITION CAUSING IT.	PERATION   IF OPERATION WAS RELATED TO   20. AUTOPSY?				
H	AL	WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II YES NO				
LY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)					
	Σ	21b. TIME (Month) (Day) (Year) (Hour)   21s. INJURY OCCURRI OF INJURY   WHILE AT   NOT WHI					
7 77		7).   WORK AT WOR	K .				
F P		deceased alive on 8-30-, 1953, and that death occur	- 29, 1953 to 8-30-, 1953 that I last saw the rred at 1250 An., from the causes and on the date stated above.				
RITI S es		23A. SIGNATURE / /	238 ADDRESS				
PLEASE WRITE PI correct age is especi	24	Ademail Pulier for 12 M. D. BURIAL, CREMA- 248. DATE 200. NAME OF CEMETE	TOHNS HOPKINS HOSPITAL 3 due 33  ERY OR CREMATORY 240 LOCATION (City, town, or county) (State)				
ASE ct a	TIC	A BURIAL CREMA- 248. DATE 24C. NAME OF CEMETE	Green Degreene me				
LE4	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	V25 FUNERAL DIRECTOR ADDRESS 5/80				
H 2		to the transfer	HIX teauces C. Heusley Diddle				
1976		Vs 150 1300	A.				

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75	BALTIMORE (	CITY	HEALTH	DEPARTMENT
A C	CERTIF	ICA	TE OF	DEATH

		53 7775 BALTIMORE CITY HE CERTIFICATI	UO ///s
. The	1.	NAME OF DECEASED (FORTY)	2. DATE OF OF DEATH ALL 29 1953
INING information should be carefully supplied. to death clearly and legibly.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, in institution: residence a. STATE B. COUNTY before admission)
dns	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
ully	-	University Hospital	Baltimore /7-0/township)
aref	C.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give focation) 707 Tessier St.
oe c		. SEX   6. COLOR OF RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year   If Under 24 Hours
ld b		Female   Colored   Widowed   Widowed   Colored   Widowed   Colored	
shou	worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	
on s	13	Cook B. FATHER'S NAME	Maryland 14. MOTHER'S MAIDEN NAME
nationation at the		Unknown	Unknown
BINDING of inform uses of dea	15 (Yes	5. WAS DECEASED EVER IN U, S. ARMED FORCES?   16. SOCIAL   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS 707 T
f in	_		Tessier St.
	1		OF DEATH INTERVAL BETWEEN ONSET AND DEATH
le it O		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., (A)	osclerotic Cardausecher Desese
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ح دم		ANTECEDENT CAUSES	
RESERVED INK. Even	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
G II	ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)(C)	
SIN ans:	FIC/	II	
MARGIN I	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	AL C	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	YES NO 🔀
ILY, WITH important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	otc.) INJURY OCCUR?
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED NOT WHILE AT WORK AT WORK	
TE PLAIN especially		22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I	Autopsy Inspection or Inquiry thereon and from Inquiry, find that said deceased died on the day stated above,
WRITE ge is esp		and death in my opinion resulted from: natural causes	aecident . suicide . homicide . undetermined .
SE WI	34	William Votor 18th M.	D. ASSISTANT MEDICAL EXAMINER ALL 30 1953
PLEAS]	TIC	ON, REMOVAL (Specify)	Cem Baltimore Md. (State)
HH		Burial 8-2-53 Mt. Auburn	Cem   Baltimore, Md.
I do	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	A5 FUNERAL DIRECTOR ADDRESS (10)

V S 151



2. DATE Aug 31. 1953 DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) bu/45 (If rurai, give location) 9. AGE (In years I Under 1 Year II Under 24 Hours Inc. Min. 12. CITIZEN OF WHAT COUNTRY? Dorothy Canton ADDRESS ONSET AND DEATH 20. AUTOPSY IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN YES 21c. WHERE DID (If in Baltimore City, give exact location)

19 L. that I last saw the

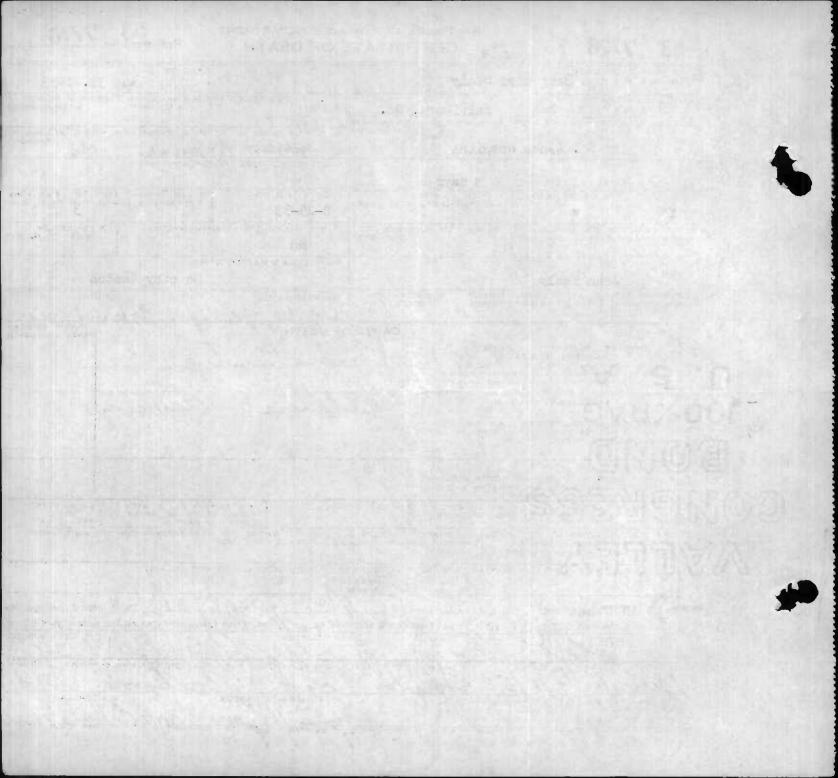
23C DATE SIGNED

240 LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

ADDRESS

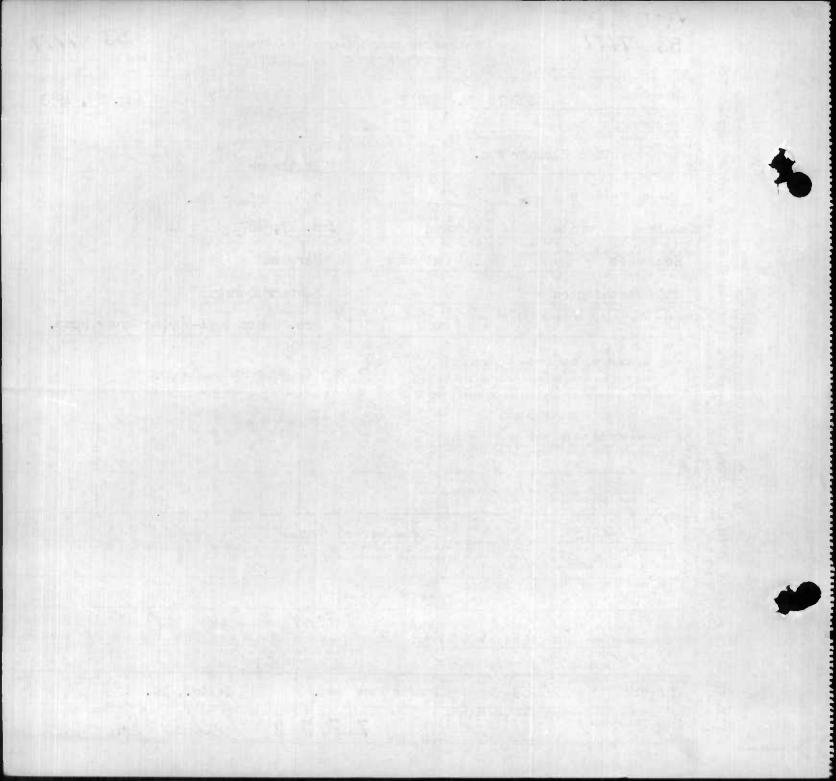
LOCAL REGISTRAR VS 150



## BALTIMORE CITY HEALTH DEPARTMENT

53	77.27
	1.4.X /-
egistered No	

	RTH NO.		BAI	CERTIFIC	CATE	OF	DEATH		Regi	stered N	0	
1. 1	NAME OF E		HIA W	MYERLY					2. DATE OF DEATH	Aug.	29	, 1953
3. F		City, Maryland	1 ! 4/4			4. USU. A. STAT	E	ICE (Who	B. CO	d lived, If i	institut	tion : residence before admission)
HO	FULL NAME SPITAL OR STITUTION	2600 Elsinor		ion, give street add	Yrs.	c. CITY Ba	or Town		tside corpo	5-	write	RURAL and give township)
	Tomosth of	stan in Doltinsons			Mos.					,		
5. 9	SEX	stay in Baltimore.	7. SINGL	E. MARRIED.	Days		00 Elsii		9. AGE (In		Under 1 Y	
	ale	white	widov	ved, divorced (			17, 18		81		į	Days Hours Min.
Work	doneduring most lousewif		10в. KINI	at home	OR	Ma	ryland			у)		ITIZEN OF /HAT COUNTRY1
13.	FATHER'S	NAME				14. MOT	HER'S MAIL	DEN NAM	1E			
0		thington				El	eanor D	orsey				
15. (Yes,	WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURITY NO	NO.		ormant s. Nancj	y Udel	L-Spri		ove I	
CERTIFICATION	heart failinjury or	s not mean the mode of une, asthenia, etc. It mean complication which complication which complication which complication which complication cause (A) ying condition La	ns the disease aused death	se, h.) DUE TO	Sa	rci	noma	- 5/	Br	reast	7	5 yrs
ERTI	TO THE	GNIFICANT CONDITIONS  DEATH BUT NOT I	RELATED T									
AL O	19A. DATE	948 W	9B. COND VAS PERFO	ORMED Caren	-	12	- CA	USE OF	ON WAS R DEATH, PART II		N	O. AUTOPSY?
EDICAL	OR CONTRI	ENT WAS UNDERLY! BUTING CAUSE OF	about	B. PLACE OF INJ home, farm, factory, str	URY (e ect, office h		21c. WHERE INJURY OCC		in Baltin	nore City,	give e	exact location)
Σ	21d. TIME OF INJURY	(Month) (Day) (Year)	(Hour) m.	21E. INJURY OC WHILE AT WORK	CURRE NOT WHIL AT WORK	E	21F. HOW D	טנאו סוי	RY OCCU	IR?		(
MEDICAL	deceased o	by certify that I att	tended the	deceased from	n occur	94 red at 1	2 30 pm.,		,		he dat	t I last saw th te stated above
	23A. SIBIVA	omer C.	Sod	d M	. D.	210	88H	Pau	181	1	8	31/53
24 TIO	N. REMOVAL	Specify) 9/1/53		Loudon 1		Cem.		Balt	to., M	-		
DA	ATE RECEIV		SEIGNAT	URE		25. PUN	VERAL DIRE	CTOR	/	111	ADD	RESS



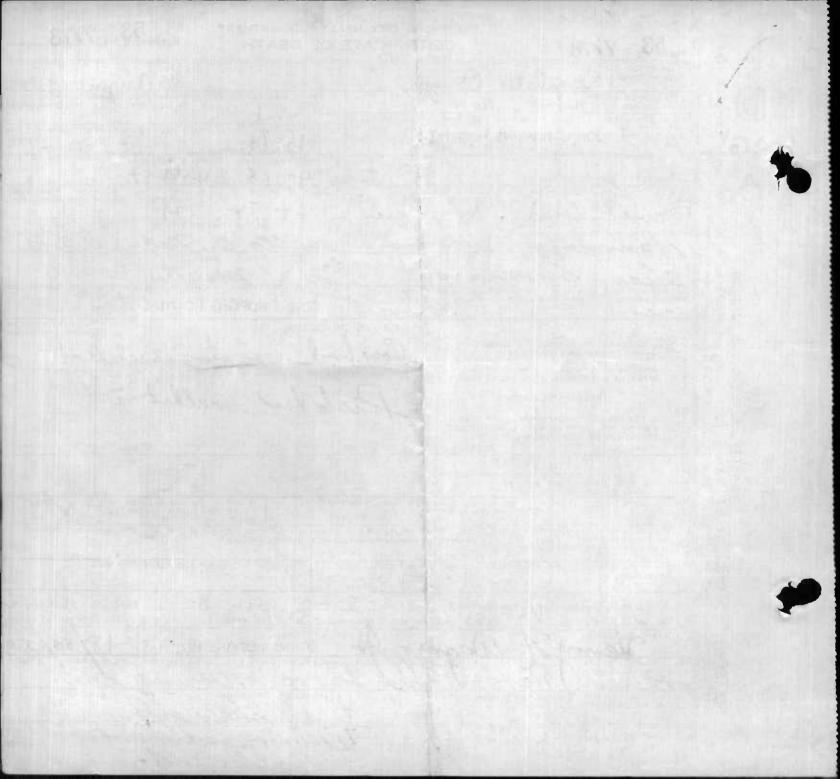
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D- 8.00 BALTIMORE CITY

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 7778

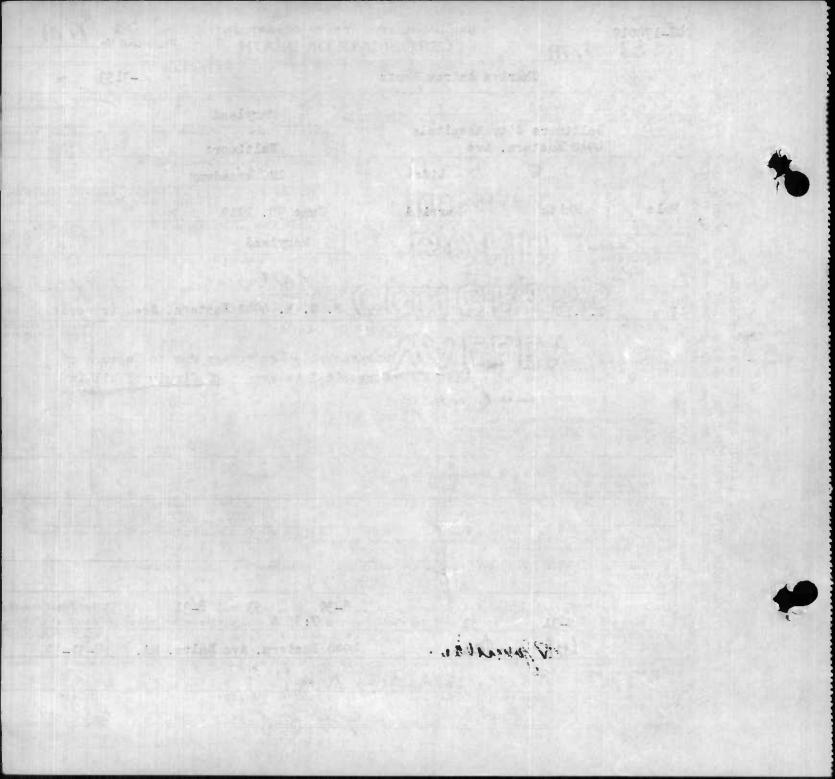
8	IRTH NO.		
1. (T	Type of Print) Through the Oims.		2. DATE OF DEATH AMAIN + 29.1953
Α.	Baltimore City, Maryland O slev 4	4. USUAL RESI	DENCE (Where deceased fived, If institution: residence s. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOV	NN (If outside corporate limits, write RURAL and give
111	STITUTION JOHNS HOPKINS HOSPITAL	13	Otimore 12-0 4 wiship)
J	2 0 Yrs.	D. STREET ADD	
	. Length of stay in Baltimore	401	2.24 型 St.
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIR	RTH 9. AGE (in years     Under   Year     Under 24 Hours   last birthday)   Months Days   Hours   Min.
	OA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	0-24-	14 79
	OA. USUAL OCCUPATION (Give kind of the done during most of working life, over if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	E (State or foreign country)  12. CITIZEN OF WHAI COUNTRY?
7	3. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME
	che Gamero	Sand	Deep to the state
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS
(Ye	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.		HOPKINS HOSPITAL
-	18. 2/AY CAUSE (	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	1 1	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	ral v	escular accident
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES	alada.	mellitur
Z	DISEASES OR CONDITIONS, IF ANY, GIVING	weres	meco
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
FICA	(C)		
RTIF	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
日兄	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
U	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OP	ERATION	IF OPERATION WAS RELATED TO 20. AUTOPSY?
AL	WAS PERFORMED		PART I OR PART II
DIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (concentration of Contribution) CAUSE OF about home, farm, factory, street, office!	bldg.,etc.) INJURY	IERE DID (If in Baltimore City, give exact location) OCCUR?
ME	DEATH (NOTIFY MEDICAL EXAMINER)		
	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRE WHILE AT NOT WHIL		W DID INJURY OCCUR?
	ni.   WORK   AT WORK		60 0 26 60
	I her copy certify that I detention the decoused from	- 20 red at 540	53, to 8-29, 153, that I last saw the
	deceased alive on 8-29, 1953, and that death occur	Ted at 5 TO 1	m., from the causes and on the date stated above.
1		Ju. ADDILLOS	
	Henry M. Wasnyr, Art		HOPKINS HOSPITAL 8/36/53
24	Henry M. Wagnyr, whit		
_	Henry M. Wasnyr, Art	RY OR CREMATOR	HOPKINS HOSPITAL 8/36/53 RY 24D. LOCATION (City, town, or dunty) (State)
D	4A. BENTAL CREMA- 18. DATE VAC NAME OF GEMETE ON, BENOVAL (Specify)  Aurial 9/2/53 lines 4		HOPKINS HOSPITAL 8/36/53 RY 24D. LOCATION (City, town, or dunty) (State)
D	4A. BGRIAL, CREMA- ON, BEMOVAL (Specify)  ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	RY OR CREMATOR	HOPKINS HOSPITAL 8/36/53 RY 24D. LOCATION (City, town, or dunty) (State)
D	4A. BUMAL CREMA- 28. DATE ALC NAME OF CEMETE ON, BEMOVAL (Specify)  ATE RECEIVED BY REGISTRAN'S SIGNATURE	RY OR CREMATOR	HOPKINS HOSPITAL 8/36/53 RY 24D. LOCATION (City, town, or dunty) (State)
D	4A. BGRIAL, CREMA- ON, BEMOVAL (Specify)  ATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	RY OR CREMATOR	HOPKINS HOSPITAL 8/36/53 RY 24D. LOCATION (City, town, or dunty) (State)



			1
	The		
ED FOR BINDING	PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The	cially important. Physicians: please write the causes of death clearly and legibly.	
MARGIN RESERVED FOR BINDING	JNFADING INK. B	hysicians: please wr	
	RITE PLAINLY, WITH U	is especially important. I	
	PLEASE WRITE	correct age	

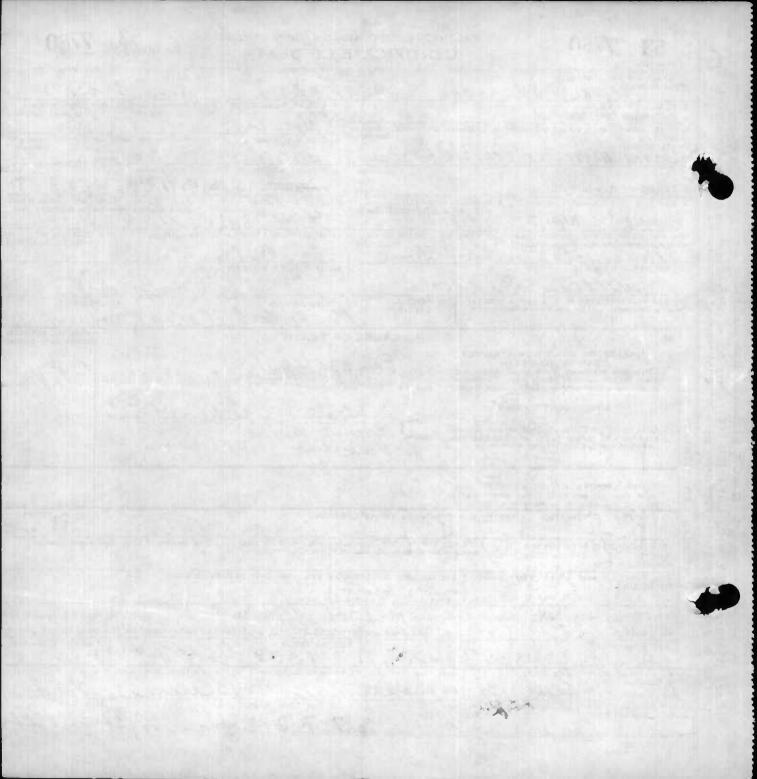
53 53	סניונייני	CERTIFICAT	E OF DEATH	Regis	stered No	7779
1. NAME OF E (Type or Print)	DECEASED Char?	les Andrew Bentz		2. DATE OF	8-3153	
B FULL NAME	City, Maryland	l or institution, give street address o	A. STATE Mary		NTY	before admission
HOSPITAL OR INSTITUTION	Baltimore Cit 4940 Eastern		Dalt	(If outside corpor	6-0.	ite RUBAL and giv township
c. Length of s	stay in Baltimore	Life Mos. Days	127° B	roadway		V III Jac 24 Hans
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Married	June 30, 19	919 last birth		Days Hours Min.
work done during most	CCUPATION (Give hind of tof working life, even if retired)	Building	Y Maryland			CITIZEN OF WHAT COUNTRY
13. FATHER'S	124 RE	sets	14. MOTHER'S MAIL		when	70
Yes Yes	(If yes, give war or dates.) W.W. II	FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT B. C. H. 4944		ADDR	
	SE OR CONDITION DEATH	H Cook		who se due to		ONSET AND DEAT
Z DISEASE RISE TO THE RISE TO	SE OR CONDITION D	DIRECTLY H dying, e. g., ss the disease, sused death.)  ES  ANY, GIVING STATING THE  DUE TO	cachnoid Hemmon		Ruptur	e of
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CThis doe heart failt in jury or or or in jury or or or or or or or or or or or or or	SE OR CONDITION E LEADING TO DEATH IS not mean the mode of ure, asthenia, etc. It mean complication which ca  ANTECEDENT CAUSE SOR CONDITIONS, IF THE ABOVE CAUSE (A) S YING CONDITION LAS  II GNIFICANT CONDITIONS (B) DEATH BUT NOT RI OR CONDITION CAUSING OF OPERATION BUTING CAUSE OF TIFY MEDICAL EXAMINER  (Month) (Day) (Year) (  by certify that I attention on the second condition of the s	CONTRIBUTING ELATED TO THE  IT.  B. CONDITION FOR WHICH CAS PERFORMED  CONTRIBUTING ELATED TO THE  IT.  B. CONDITION FOR WHICH CAS PERFORMED  CONTRIBUTING ELATED TO THE  IT.  CONTRIBUTING ELATED TO	PERATION IF CA PA  (e.g., in or 21c, Where bolder, etc.) INJURY OCCUPANT OF CA PA  21f. HOW D	OPERATION WAS RELAUSE OF DEATH, E ART I OR PART II E DID (If in Baltimo CUR?  OID INJURY OCCUR  to 8-31  from the causes ar	Rupture of Will  CLATED TO ENTER IN DIE City, give and on the date of the date	20. AUTOPSY? YES No exact location)  at I last saw to ate stated above 3c. DATE SIGNER

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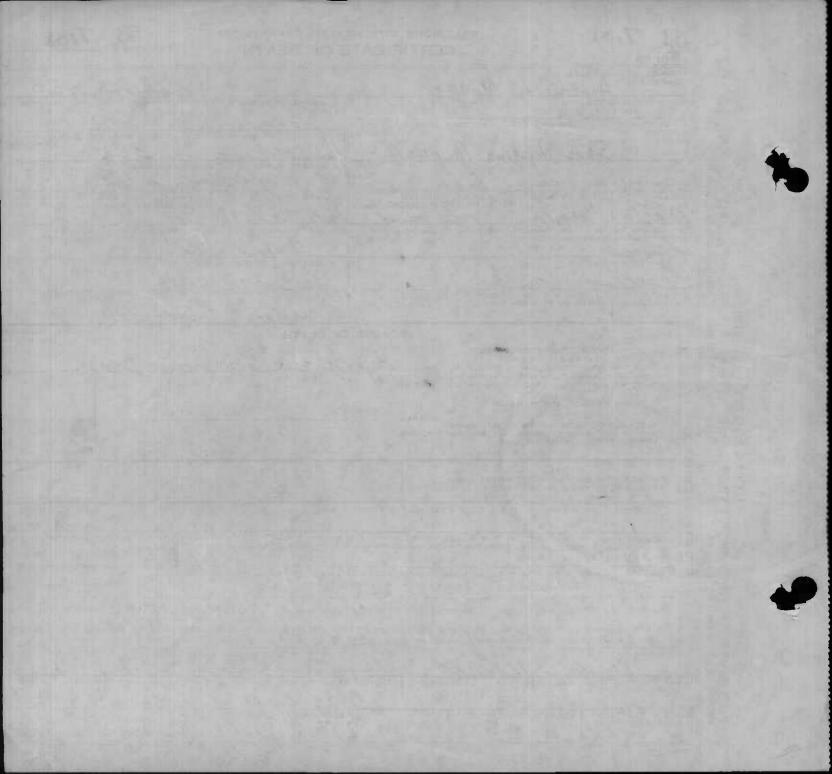


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		ICE
MARGIN RESERVED FOR BINDING	PLEASE WRITE P. VLY, WITH UNFADING INK. Every item of information should be sfully supp	correct age is espect important. Physicians: please write the causes of death clearly and be-
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RESE	INK.	please
MARGIN	UNFADING	Physicians:
•	ALY, WITH	important.
357	Ď,	bed
	WRITE	ge is es!
	PLEASE	orrect ag

1	~	53 7730	EALTH DEPARTMENT 53 E OF DEATH Registered No	7780
	BII	RTH NO.	E OI BEATH	
		NAME OF DECEASED sype or Print) FTHEL SAEDHERD (SHE	PPARD) 2. DATE OF DEATH 8-30	-53
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution: residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address of SPITAL OR STITUTION		
, , ,		SOUTH BALTIMORE GENERAL HOSPITAL	BALTIMORE 2-0	township)
3	4	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  2519 N. CALV	ERT ST
and		SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOW)	8. DATE OF BIRTH 9. AGE (in years list birthday) Month	N I Year   If Under 24 Hours   Days   Hours   Min.
clearly	10.	A. USUAL OCCUPATION (Give kind of done during most of working life, spen if retired)  10B. KIND OF BUSINESS OR INDUSTR'		CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	`
death		William Sadler	Mande (Unknow	u)
jo	15 (Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES? L. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDI	RESS
causes	_	SAUSE CAUSE	Munite 1084514 2519 4. Ca.	INTERVAL BETWEEN
		18. 420.0 CAUSE	OF DEATH	DNSET AND DEATH
the		(This does not mean the mode of dying, e.g.,	pha Ropa Yly	14 days
write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TD		
		ANTECEDENT CAUSES	ten sin - arterio relevative unt diesare erablet arterio selevario	
lease	NO NO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	unt diese	***************************************
s: pl	AT	UNDERLYING CONDITION LAST.	eralget activoselisms	
ian	IFIC	II	0	
Physicians	ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
Ph	Ü	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	RATION	1 20. AUTOPSY?
nt.	CAL	7		YES NO P
important	<b>IEDIC</b>	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING  CAUSE OF DEATH  21b. PLACE OF INJURY (e. g., about home, ferm, factory, atreet, office bldg.		exact location)
in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY		
٠		m. WHILE AT NOT WHILE AT WORK		
espe		22. I hereby certify that I attended the deceased from	2/ ,19 57, to 8 - 30 ,1953, t	hat I last saw the
is es		deceased alive on 8-30 f, 19 3 and that death occu	erred at 6:15 p.m., from the causes and on the	ac. DATE SIGNED
ge is		Coulds benes-finery M.O.	1303 dish of	8-30-53
व	TIC	BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY DR CREMATORY 245, LOCATION (City, town, or	county) (State)
correct		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AI	DDRESS
00	1.0	DCAL REGISTRAR	Jum Cook Inc- 1217 St	Caulth
		VS 150		



	1	M-6/0	BALTIMORE CITY HE	ALTH DEDARTMENT	52	mma.z
<b>a</b>	B	53 '7781.	CERTIFICATE		Registered I	No. //O.L
The	1	NAME OF DECEASED Type or Print) Andrew h.		2. DATE OF DEATH AND A	28.1953	
pplied	A	Baltimore City, Maryland	institution, give street address or	4. USUAL RESIDENCE (W		institution : residence before admission)
ADING information should be carefully supplied, sof death clearly and legibly.	FI	OSPITAL OR	Hospital	c. CITY OR TOWN (If	outside corporate limit	s, write RURAL and give township)
		Length of stay in Baltimore	Yrs. Mos.	5. STREET ADDRESS (16)	ural, give location)	91
l be cannot be		. SEX   6. COLOR OR RACE   7.	Days   Days   SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH		Under 1 Year   If Under 24 Hours   nths Days   Hours   Min.
should arly a		DA. USUAL OCCUPATION (Give kind of 10) k done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
ation th cle	1:	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME.	
ING forma f deat	1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FOI es, nn nr unknown) (If yes, give war or dates of se	RCEST 16. SOCIAL SECURITY NO.	17. INFORMANT	erply A	DDRESS
of of 18es		18. 443X	CAUSE	OF DEATH	rown	INTERVAL BETWEEN
item item		DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy	ring e.g. A Huger	deusive Cordina	uscular De	ONSET AND DEATH
Every write th		heart failure, asthenia, etc. It means the injury or complication which cause	ne disease,			
RESERVED INK. Evel please write	NO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN	IY, GIVING		•••••	
P 0	CATIC	RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.				
MARGIN NFADING hysicians:	RTIFI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT	RELATED			
PE	CE	19A. DATE OF OPERATION 19B.	MAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?
LY, WITH important.	DICA		1B. PLACE OF INJURY (e.g., in out hnme, farm, factory, street, nffice bldg., et		in Baltimore City, a	
AINLY,	ME	21D. TIME (Month) (Day) (Year) (Hot OF INJURY	ur) 21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?	
PLAI: cially		22. I certify that I took charge	of the remains described a	bove, held an Rastia	Autops4 nspection or Inquiry	_ thereon and from
ITE s		the evidence obtained by said and death in my opinion rest	d Autopsy, Inspection or Inulted from: natural causes	nquiry, find that said de <b>X</b> , accident [], suicide	ceased died on th □, homicide □, u	ndetermined .
PLEASE WRITE PL	_	23A. SIGNATURE		23B. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGATO	XAMINER	c. DATE SIGNED
EAS	TI	AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	mt. al	Yay en	al Cou	nte mot
PI		ATE RECEIVED BY OCAL REGISTRAR'S SI	GNATURE	THUS BOTH G	Elhito	ADDRESS
	v	S 151	97099	1129n.Ca	rolinis Dx	



DATE RECEIVED BY LOCAL REGISTRAR

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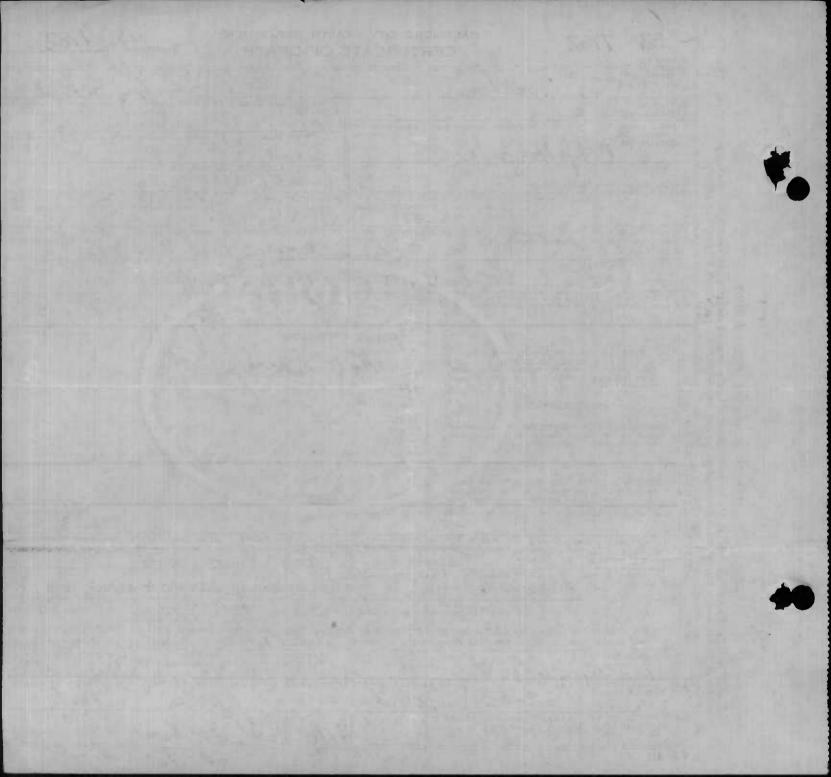
REGISTRAR'S SIGNATURE

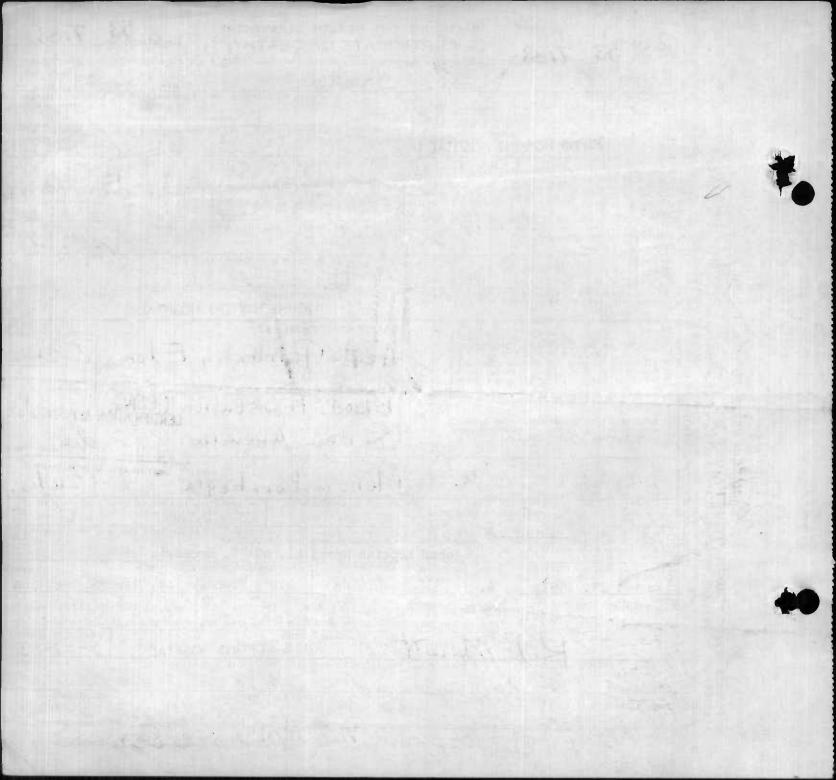
5-	150		PLATE HAR		
5.3	53 7782 BALTIMORE CITY HEALTH DEPARTMENT 53 778			7782	
BIRTH N		CERTIFICATE	E OF DEATH	Registered No.	
1. NAME (Type or	OF DECEASED C.De	Venny		2. DATE OF DEATH ARES	301953
A. Baltin	e OF DEATH: more City, Maryland		4. USUAL RESIDENCE (W	There deceased lived. If inst	titution: residence before admission)
HOSPITA	L OR	tal or institution, give street address or location)	c. CITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
INSTITU		prta/	BALTO	26-3	township)
c Tongi	th of stay in Baltimore	Mos.	D. STREET ADDRESS (IF		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) It bind last birthday) Month	er 1 Year   It Under 24 Hours
	W	SINGLE	MAR 17. 1932	21	
work done day	JAL OCCUPATION (Give kind or ring most of working life, even if retired 50 KER	BETH. STEEL	NA YNES BO	0. 1/0	WHAT COUNTRY?
	HER'S NAME	DI	14. MOTHER'S MAIDEN NA		<u> </u>
1	ARRY U.	DEVENNY	INEZTH	ompson	
(Yes, no or u	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, ADDRESS SECURITY NO. 17. INFORMANT, SECURITY NO. 18. INFORMATT, SECURITY NO. 18. INFOR				A ME
18.	E873.4,	CAUSE	OF DEATH		INTERVAL BETWEEN
///	DISEASE OR CONDITION LEADING TO DEA his does not mean the mode	DIRECTLY SK	11 Freder		
he	art failure, asthenia, etc. It me jury or complication which	ans the disease.	And the state of t	••••••••••••••	***************************************
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Z DI	SEASES OR CONDITIONS,	(B) IF ANY, GIVING D STATING THE DUE TO			
F UN	NDERLYING CONDITION L	AST. (C)		•••••	
E RTIFICA 10 10 10	11				
TR TO	THER SIGNIFICANT COND IBUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED			
U 19A. I	DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER.	ATION		20. AUTOPSY?
UNDE	EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	te.) INJURY OCCUR?	f in Baltimore City, give	
	GE CAUSE OF DEATH	301000	Dundalk & Gar	y Avenues	26/36
	8-30-53 3:0	OO A . WHILE AT NOT WHILE AT WORK	passenger in a		ck tree
22.	certify that I took cha	rge of the remains described a	bove, held an Autonsy	Inspection of Inquiry	thereon and from
	and death in my opinion	said Autopsy, Inspection or I	nquiry, find that said de	eecased died on the $\Box$ , homicide $\Box$ , und	etermined .
	GIGNATURE WAS	M	238. CHIEF MEDICAL I ASSISTANT MEDICAL D. MEDICAL INVESTIGAT	EXAMINER	DATE SIGNED
TION REM	RIAL, CREMA- 24B. DAVE OVAL (Specify)	52 GAC. NAME OF CEMETER		OCATION (City, town, or	(State)

FUNERAL DIRECTOR

ADDRESS

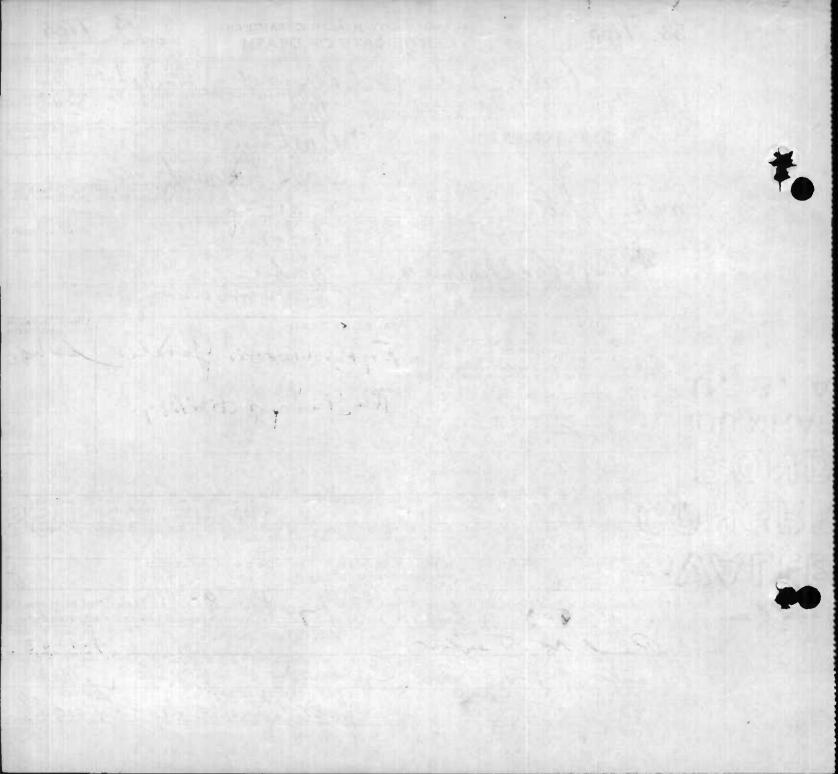






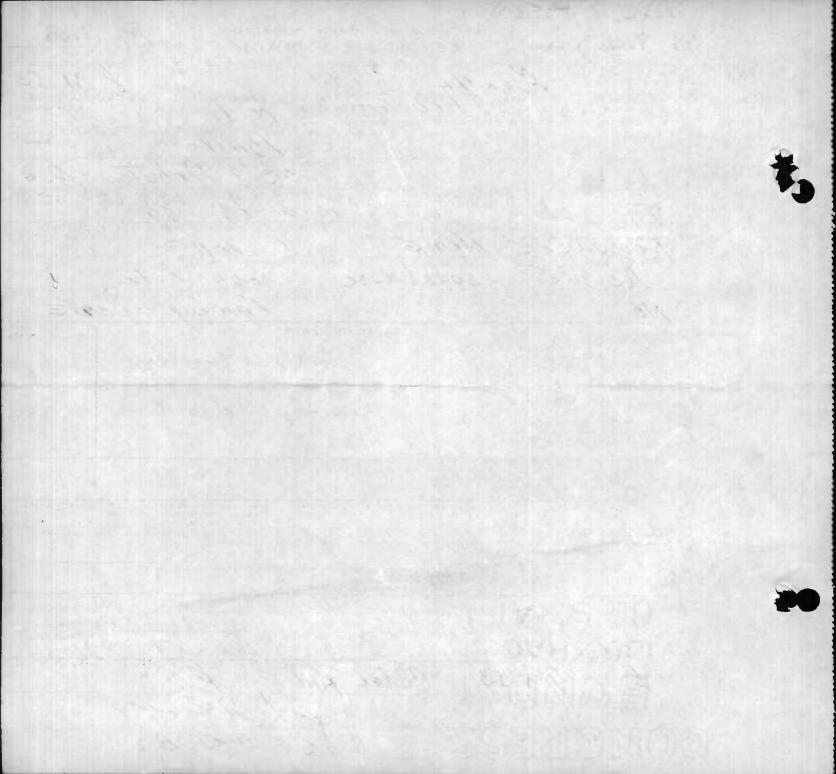
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5	53 7785  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.			
	IRTH NO. / ) AU / I	A		0
(T	NAME OF DECEASED Daby hada	chlesenger	2. DATE OF DEATH OF -/	-153
۸.	Baltimore City, Maryland	A. STATE	here deceased lifed. If inst B. COUNTY	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	CAITY OR TOWN (If	outside corporate limits, w	rite RURAL and give
3	HOPKINS HOPKINS HOSPITAL	Daltemore	275	20 township)
C.	Length of stay in Baltimore  Yrs.  Mos.  Days	D. STREET ADDRESS (If	rural, give location)	
5.	SEX 6. COLOR OR RACE 7. SHIGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)   Und	or 1 Year   If Under 24 Hours
	nale Mile	8-30-53	iast birthday) Month	2 Hours Min.
worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR KIND OF BUSINESS OR INDUSTRY	STRTHELACE (State or fo	oreign country)   12	CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME	14: MOTHER'S MAIDEN NA	AME	
	Terry Schlesenger	Mada		
(Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 16. SECURITY NO.	17. NEORMANTOPKINS	HOSPITAL ADD	RESS
	18. 77A.D . CAUSE O	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		1 1 1	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	hoblatoris.	Jetali's	28 hs.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		*	
	ANTECEDENT CAUSES		1.//	
ON	DISEASES OR CONDITIONS, IF ANY, GIVING	incompati	Dr lity	**************************************
FV	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(C)		***************************************	
RTI	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
CER	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
71	19a. DATE OF OPERATION   19a. CONDITION FOR WHICH OP WAS PERFORMED	CAUSE O	F DEATH, ENTER IN	20. AUTOPSY?
DIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office i	g, in or 21c. WHERE DID (		
ME	DEATH (NOTIFY MEDICAL EXAMINER)			
	OF INJURY OCCURRE WHILE AT NOT WHIL	E	URY OCCUR?	
	m.   WORK L AT WORK	10 13	2-31 0	
	22. I hereby certify that I attended the deceased from	50, 190, to		hat I last saw the
	deceased alive on 9 - 3/ , 195 2 and that death occur	3 CARSSOPKINS HO	he causes and on the	date stated above.
	Mand M. Vayfor M.D.	Souris Mouvilles Me	STILL	7-1-53
7/		RY OR CREMATORY 24D. LO	CATION (City town, or	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	000	DDRESS
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	Vs 150	185	THE WAR	1



	16-300	fin Lysh	" Toward ! " "		
The	157 77/86	ICATE OF DEATH	Registered No. 7786		
	1. NAME OF DECEASED (Type or Print)	2 Hdd	2. DATE OF DEATH 8.31.53		
ly supplied.	B. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR INSTITUTION	address or A. STATE	here deceased lived. If institution: residence before admission) butside corporate limits, write RURAL and give township)		
carefully legibly.	<u>N</u> )	Yrs. Mos. D. STREET ADDRESS (If r	ura Rive location)		
be d	c. Length of stay in Baltimore  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCE	Days 8. DATE OF BIRTH	9. AGE (In years   M Under 1 Year   M Under 24 House   Months   Days   Hours   Min.		
n should clearly an	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINES work done during most of working life, even if retired)	7 0 0	reign country) 12. CITIZEN OF WHAT COUNTRY?		
atic	ROBERT NEUGEBI	14. MOTHER'S MAIDEN NA	ME Lotz		
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  SECURI	TY NO. 17. INFORMANT	ily - Jame		
RESERVED FOR INK. Every item please write the car	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Gerebral He Generalzed Arte	marrhage 3 days		
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
h-f	19a. DATE OF OPERATION 19b. CONDITION FOR W	CAUSE OF PART I O	TON WAS RELATED TO 20. AUTOPSY?  F DEATH, ENTER IN YES NO R PART II		
	U 21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF II OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  ∑		If in Baltimore City, give exact location)		
LAINLY	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY (OF INJURY) WHILE AT WORK	NOT WHILE			
P4 00	22. I hereby certify that I attended the deceased from				
E WRITE age is esp	abram Holdman	M. D. 206 S. Full	mar St - 19/1/53		
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. JUNERAL PRECTOR	DA/10 ADDRESS		
P4 5	3 TVs 150	130 E FOR	T ALZ		

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LOCAL REGISTRAR

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BLEELENAY

Aug. 30, 1953

before admission)

If Under 24 Hours

WHAT COUNTRY?

NTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

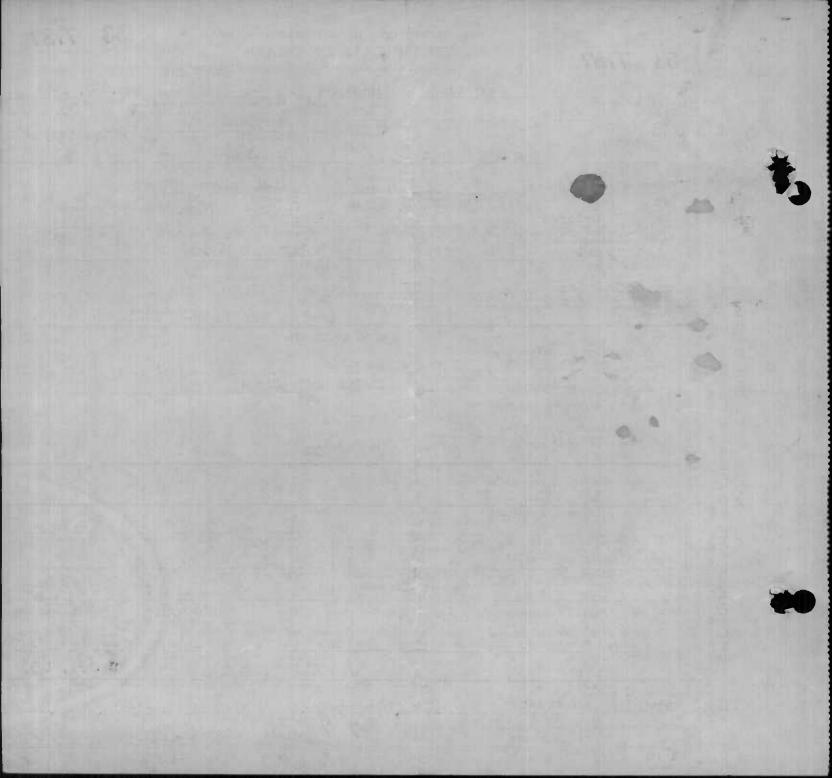
thereon and from

Aug. 31,

12. CITIZEN OF

ADDRESS

CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) WILLIAM ANDERSON supplied, 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY Maryland B. FULL NAME OF f not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION carefully University Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Life 1024 Briscoe Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months: Days Hours Min. and WIDOWED DIVORCED (Specify) II/6/I920 Colored Male should 10A. USUAL OCCUPATION (Givekind of clearly 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired INDUSTRY Waterfront Baltimore, Md. Longshoreman information s of death cle 13. EATHER'S NAME 14. MOTHER'S MAIDEN NAME Lenwood Jones Rose Anderson BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Virgina Anderson-IO25 Briscoe St. Jo 18. 353.2 CAUSE OF DEATH Every item write the cau FOR DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Asphyxia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED DUE TO Status epilepticus injury or complication which caused death.) ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. UNFADING Physicians: p MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH important. DICA (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING [] OR CONTRIB-UTING [] CAUSE OF DEATH TE PLAINLY, especially impo 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE AT WORK autopsy 22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, WRITE and death in my opinion resulted from: natural causes \$\overline{\omega}\$, accident \( \supersigma\), suicide \( \supersigma\), homicide \( \supersigma\), undetermined \( \supersigma\). 13 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER ...... 1 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER.... age MEDICAL INVESTIGATOR .. PLEASE correct ag 24A. BURIAL. CREMA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify Burial Mount Anne DATE RECEIVED BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR



MARGIN RESERVED FOR BINDING	PLEASE WRITE P. NLY, WITH UNFADING INK. Every item of information should correct age is especial important. Physicians: please write the causes of death clearly an
MARGIN RESER	UNFADING INK. Physicians: please w
	NLY, WITH important.
	PLEASE WRITE P.

BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

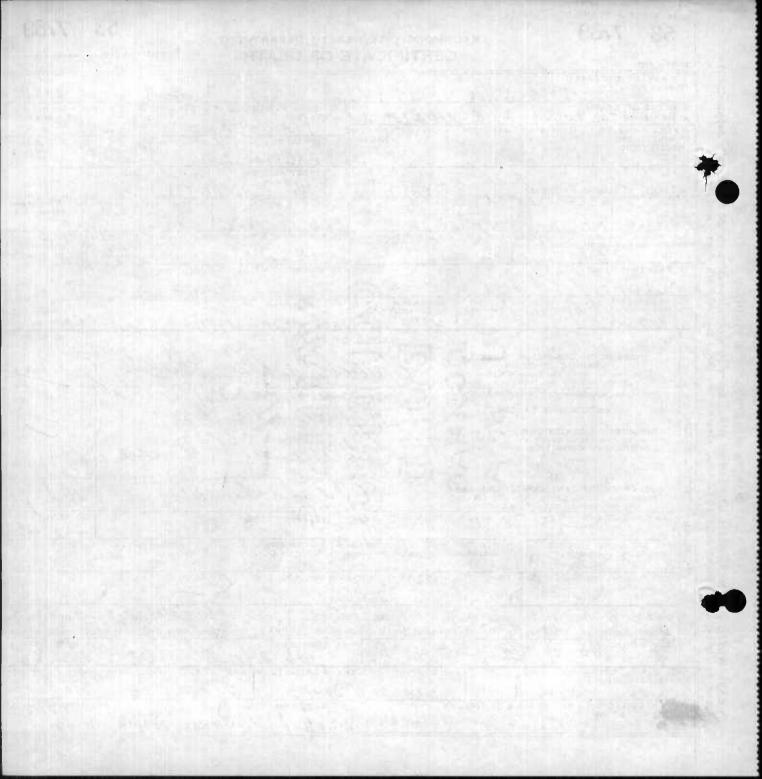
Registered No. 7788

	BINTIN NO. 100					
	1. (T	NAME OF DECEASED ype or Print)	2. DATE			
-		valerio, maria margaret	DEATH August 31, 1953			
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
Н	В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland Posting			
	XX	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
	1	St. Joseph's	Baltimore township)			
	17	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
		Length of stay in Baltimore 2 yr Days	3228 Willoughby Road			
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year last birthday) Months; Days Hours Min.			
	F	emale White Married	2-16-84 69			
	10	A. USUAL OCCUPATION (Givekind of OB. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF			
	WOLD	Hwfe Own home	Italy WHAT COUNTRY?			
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL				
	(Yes	. WAS DECEASED EVER IN U, S. ARMED FORCES? s, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS			
	-		Oresti Valesco same			
		4420	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0-1 year lander (1 - 1 - 1			
		(This does not mean the mode of dying, e.g.,	ve, various cuise.			
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
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	A	UNDERLYING CONDITION LAST.				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)						
	F	OTHER SIGNIFICANT CONDITIONS				
2	TRIBUTING TO THE DEATH, BUT NOT RELATED					
:	U	TO THE DISEASE OR CONDITION CAUSING IT.				
:	기	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				
	EDICA	21A. ACCIDENT WAS UNDER-   21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, give exact location)			
	ō	LYING OR CONTRIBUTING about home, farm, factory, street, office blds., e	to.) INJURY OCCUR?			
1	Σ	CAUSE OF DEATH				
		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?			
	9	TIL WORK NOT WHILE				
		22. I hereby certify that I attended the deceased from Aug	ust 31 , 19 53 to August 31 , 19 53 that I last saw the			
4			red at 7:00pm., from the causes and on the date stated above.			
			3B. ADDRESS 23C. DATE SIGNED			
		Louis a. Fret. M.D.	1400 N. Caroline Street Aug. 31, 153			
0	24		RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)			
3	110	Provided and and and and and and and and and an	Hurley Wisconsin			
	DA	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
	LC	OCAL REGISTRAR				
	=	1 6.6 8 6 101	Filly & Zeiler, Inc. 403 S. Wolfe Street			
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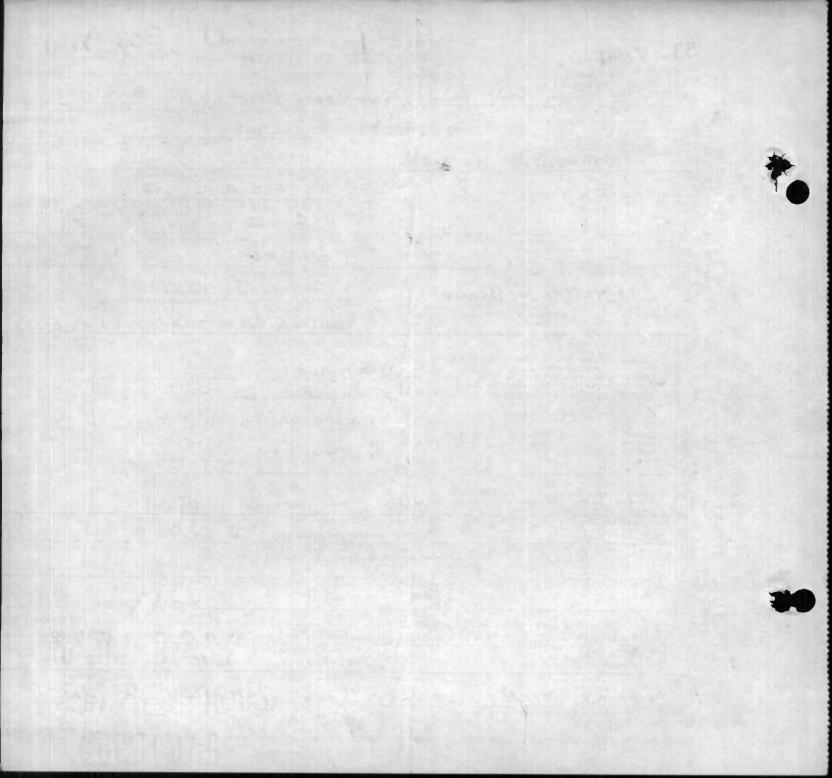


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The	11===	RTH NO.			CERTIF	ICAT	E OF DEATE	1		110.	
		NAME OF 'ype or Print	DECEASED VIR.	FINI	A M	AY	FS	2	OF DEATH AU	6.30	1953
supplied	3. A.	PLACE OF Baltimore	DEATH:		E. NORTI		4. USUAL RESIDE	NCE (When		If instituti	
	B. Ho	FULL NAM	E OF (If not in )		stitution, give street		C. CITY OR TOWN	LAN	side corporate li:	mits, write	RURAL and give
fully		ISTITUTION					BALTIM		9-	08	township)
are egil		Length of	stay in Baltimo	ro.	85 YRS	Yrs. Mos.	534 F.			15	
d b	-	SEX	6. COLOR OR R	ACE 7. SI	NGLE, MARRIED, DOWED, DIVORCE	Days D (Specify)	8. DATE OF BIRTH	NOR	AGE (In years	H Under 1 Ye	at Hours 24 Hours
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Every item of information should write the causes of death clearly an	work	done during me	OCCUPATION (Give est of working life, even if r	tind of 10B.	KIND OF BUSINES	SS OR IDUSTRY	11. BIRTHPLACE (S		gn country)	Wi	TIZEN OF HAT COUNTRY?
tion h cl	13	FATHER'S	NAME				PENN/			V. J	A.
rma		OLIV	FR. 1R	VIN			REBECCA	NE	FF		
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Ever		heart fa	ilure, asthenia, etc. l or complication wl	t means the	disease.		10		••••••		
			ANTECEDENT	CAUSES		1/	25 th		Da.		
INK.	TION	DISEAS	SES OR CONDITIO	NS, IF ANY,	GIVING (B)	19	perman	n	5		***************************************
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NA.	CE	TO THE	DISEASE OR CONT	ITION CAUS	ING IT	C 0055	e eace c	y u	uv,		o any
TH ut.	AL	I I JA. DAIE	OF OPERATION	198. MA	JOR FINDINGS	OF CREE	RATION	•		Y	O. AUTOPSY?
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NLY,	ME	21D. TIME	(Month) (Day)	Year) (Hour	21E. INJURY	OCCURR	ED 21F, HOW DID	INJURY O	CCUR?	•	
ZA		OF INJUR		1	m. WHILE AT	NOT WHILE				7	
Prece		22. I her	eby certify that	I attended	the deceased fr	om A	uly 10,195	to Clu	930-,19	53 that	I last saw the
TE P				28, 19	3, and that dec					the date	stated above.
PLEASE WRITE correct age is esp		23A. SIGN	Jun 9.	Deep	ren	M. D.	238. ADDRESS	Hele	ton Oce	230.	31/83
age	2.4 TI	4A. BURIAL	(Specify)	TE /	24c. NAME OF		RY OR CREMATORY	240 LOC/	ATION (City, to	wn, or com	ty) / (State)
EAS	13	URIAL	SEPT			AND	MEMO.		YVILLE		nD
PL		ATE RECEIV	CTDAD AN	RAR'S SIGI	gram to the state of the state	OH W	25. FUNERAL DIRE		// 81-	ADDR	1114
	=	VS 150	1303	D.	A C. BALL	4	ULLREH P	UNEK	AC MUM	E Pu	INDALK.



Registered No. 8-4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) RD 9. AGE (In years) If Undat I Year last birthday) | Months; Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS WALTER S. BRODE, 3 CARDINAL ROAD, INTERVAL BETWEEN ONSET AND DEATH gastric dilitation meningo- myelocoel IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? , 19\_\_\_, that I last saw the em., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) SIGNATURE ADDRESS LOCAL REGISTRAR VS 150

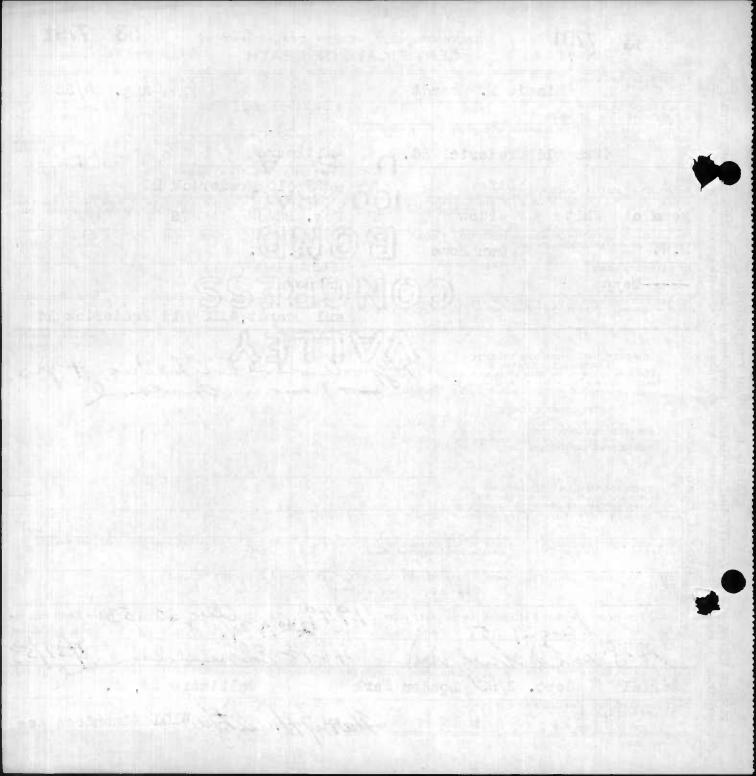


Q 530 53 7791

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

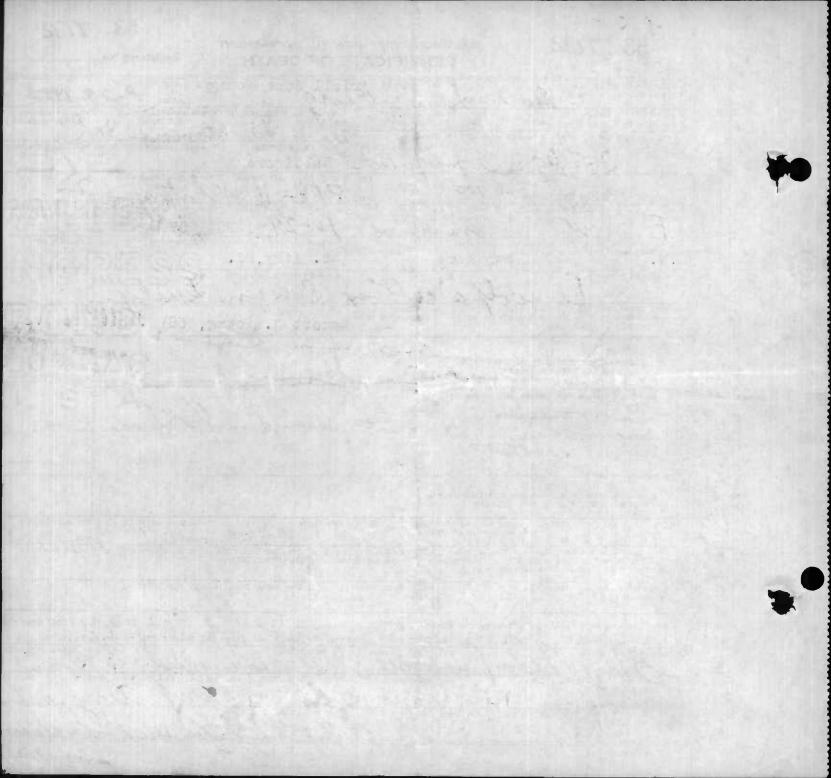
53 7791
egistered No.

	CERTIFICATI	E OF DEATH Registered No.
1	NAME OF DECEASED  (Type or Print)  Minnie M. Quandt	2. DATE OF AUG. 30/53
A	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, 1f institution; residence A. STATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 4223 Old Frederick Rd.	C CITY OR TOWN (If outside cerporate limits, write RURAL and give Baltimore)
10	Yrs.  Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 4223 Old Frederick Rd
	SEX   6.COLOR OR RACE   7. SINGLE, MARRIED,   WITOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (in years in Under 1 Year Months Days Hours Min.
Wes	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR long during most of working life, even if retired)  Own Home	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
11	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Unknown
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  ca. no or unknowo) (If yea, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADDRESS Larl Quandt, 4223 Old Frederick Rd
ERTIFICATION	ANTECEDENT CAUSES	elensuid Cardis Vas 4 yrs
CERTIFI		
CAL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY? YES NO [
MEDIC	HOMICIDE (Specify) about home, farm, factory, street, office bidg.,	etc.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK	
	A. ( Van Adwell May M.D.	4818 Ednendon 290 St sicker
T	AA. BURIAL CREMA- 248. DATE 2/53 Loudon Park	Baltimore 29, Md.
	OATE RECEIVED BY REGISTRAR'S SIGNATURE	5. FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS



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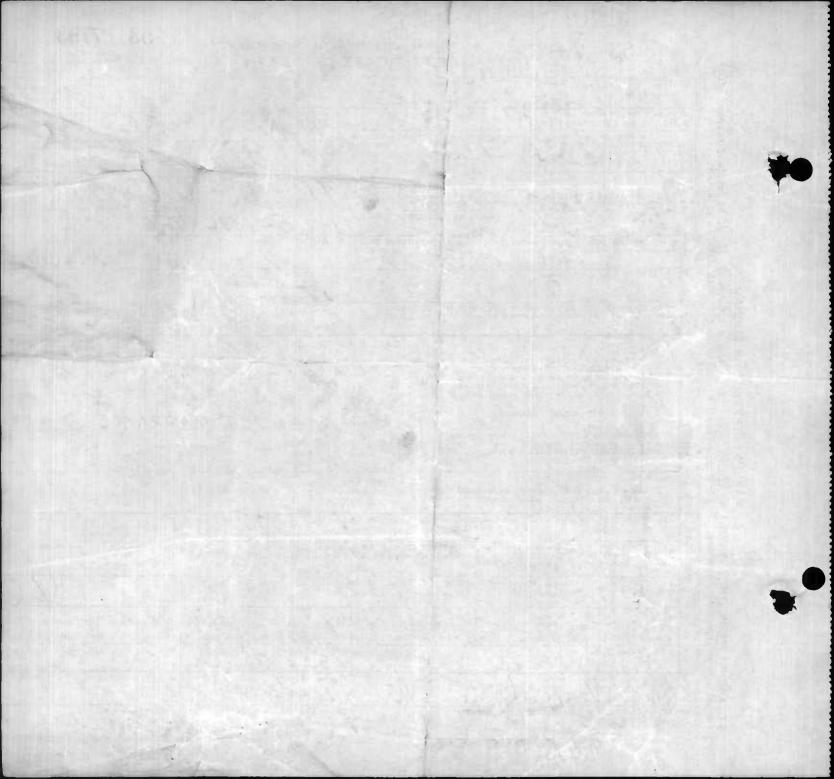
DIE	RTH NO.	CERTIFICATE	OF DEAT	Н	Registered No	)
1. 1	NAME OF DECEASED pe or Print)	Jan 21 Ard	lell Jane		OF STATE	2 1955
A. ]	PLACE OF DEATH: Baltimore City, Maryland	if if	A. STATE	ENCE (Where de		stitution: residence before admission
HO	FULL NAME OF (If not in hospital or instit	tution, give street address or location)	c. CITY OR TOWN		e corporate limits,	write RURAL and give township
4	Length of stay in Baltimore 35 yr	Yrs. Mos. Days	D. STREET ADDR		rive location)	are-
	SEX 6. COLOR OR RACE 7. SING	DESS DESS DESS DESS DESS DESS DESS DESS	8. DATE OF BIRT	H 9. Ac	GE (In years   HU	nder I Year ths: Days Hours Min
ork .	A. USUAL OCCUPATION (Give kind of los. Kild done during most of working life, even if retired)		11. BIRTHPLACE (	State or foreign o	country) 1	2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME CONVINCE	Inou Plin	14. MOTHER'S MA	4	aily	
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Young, 8	58 N Whit	press tmore Ave
FICATION	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, cheart failure, asthenia, etc. It means the dise injury or complication which caused des  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GING RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	Y (A)	lem-ia	ml	rleuli	INTERVAL BETWEE
CERTII	OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		•			
AL	19a. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OF FORMED			WAS RELATED TO ATH, ENTER IN RT II	
Q	21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	is. PLACE OF INJURY (out home, farm, factory, street, office			Baltimore City, a	rive exact location)
	21D TIME (Month) (Day) (Year) (Hour) of INJURY m.	WHILE AT NOT WHILE WORK AT WORK	E	DID INJURY	OCCUR?	
	22. I hereby certify that I attended the deceased alive on \$-29 1953	he deceased from , and that death occur				that I last saw to
100	23A. SIEVATURE		ADDRESS	· Chris	hel	8/29/53
74	Durial Sept. 153	24c HAME OF CEMETE	blane,	on	1. Qu	rus. Ind
	TE RECEIVED BY RECUSTRAR'S SIGNA	TURE	26. FUNERAL DH	RECTOR		ADDRESS



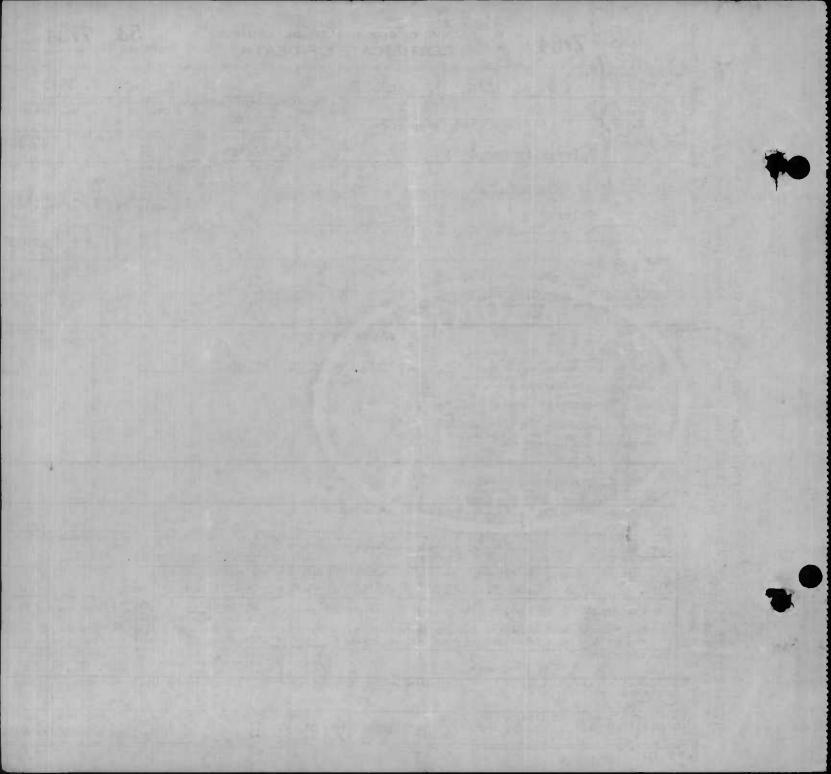
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		H-6	20					F-9	17700	
		53	7793		TIMORE CITY H				7793	
	BIF	RTH NO.	1	Art In	CERTIFICAT	E OF DEA	TH	Registered N	0	
		NAME OF DE	VICE VICE	f was	arris			OF DEATH 8	28/	53
	Α.		ity, Maryland	wital or institut	ion, give street address o	A.STAX OL	DENCE (Wh	ere deceased liver If		sidence admission)
- 11	HØ	SPITAL OR STITUTION	ident	140	ocation)		teu	ntside corporate limits		(Land give fownship)
	3	Length of st	ay in Baltimor	e	Yrs. Mos. Davs	9/5-	PRESS (III	ral, eye location	les D	4
1 22	-	The second second	6. COLOGOR R	CE 7. SINGLE	E, MARRIED, ZED, DIVORCED (Specify	1- 15-	-1886	9. AGY (in years last birthdly) Mor		under 24 Hours ours Mia.
	10/ ork	A. USUAL OCC done during most of		ired)	BUSINESS OR INDUSTRY	11. BIRTHPLAC	a .	eign country)	W. S	OF TRY?
	13.	FATHER'S N	AME,			14. MOTHER'S	MAIDENNAM	ME		
	Yes.	, no or unknown)	D EVER IN U. S. AR (If yes, give war or	MED FORCES? dates of service)	16. SOCIAL SECURITY NO.	MINE CUS	ley-	9/5 Cuelle	LE N	0.
	1	18. 422	2.1		CAUSE	OF DEATH	1		ONSET A	BETWEEN
		(This does	LEADING TO D not mean the mod	EATH de of dying, e. g		DEONYA	CC0	ILAR	ج.	
			e, asthonia, etc. It complication whic			DI.	SEA	SF	3	-6.
	7	4	ANTECEDENT CA	AUSES	CE	BRAS	HEI	MORRHAG	E 7	WRS
	NO F	RISE TO TH	OR CONDITIONS HE ABOVE CAUSE ING CONDITION	(A) STATING TH						
	FICA				(6,=			***************************************		······································
	ERT	TO THE	NIFICANT CONDITION DEATH BUT NO R CONDITION CAUS	T RELATED TO						
	AL C		F OPERATION O		TION FOR WHICH O	PERATION		ON WAS RELATED TO DEATH, ENTER II		OPSY?
100	EDIC	OR CONTRIB	NT WAS UNDER UTING∐ CAUSE FY MEDICAL EXAM	OF about	. PLACE OF INJURY home, ferm, fuctory, street, office	(e, g., in or 21C. WF ebldg., etc.)	ERE DID (I		give exact lo	ocation)
	Σ	21b. TIME (I OF INJURY	Month) (Day) (Yo	ear) (Hour)   :	2 IE. INJURY OCCURR WHILE AT NOT WH WORK AT WOR	ILE	א סום ואטנ	RY OCCUR?		
					accounce from	144 6 , 19	53 to A	UG 28, 195	3 that I las	st saw the
		deceased al		2/, 1953.	and that death occu	erroll at 10 A	m., from the	e causes and on th	e date sta	ted above.
3		8	Wills	Au 1	Frey M.D.	1928	Ken	na Che	0/	19/00
our ag	1/6	BURIAL, C REMOVAL (S)	Pecis 248. DAT	5/53	WO.	CREMATOR	CULL.	CATION (City, town.	or county)	(SIHO)
2007	LC	TE RECEIVED		AK'S SIGNATI	1 1 1	25. BONERAL D	PACTOR	lilean	DRESS	18-

recid Hell are.



		00 634 90 CEI		EALTH DEPARTMENT	53 Registered No.	7794
The	1.	NAME OF DECEASED			2. DATE	2052
ed.		PLACE OF DEATH:	McCLOUD	4. USUAL RESIDENCE (W	OF Aug. 30	
ilqqı	В.	Baltimore City, Maryland FULL NAME OF (not in hospital or institution, given	e street address or	A. STATE Maryland	B. COUNTY	before admission
y su		OSPITAL OR ISTITUTION	location)	c. CITY OR TOWN (If c	outside corporate limits, w	rite RURAL and give township
carefully supplied.		University Hospital	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
car	-	Length of stay in Baltimore  SEX   6.COLOR OR RACE   7. SINGLE, MAR	Mos. Days	1029 Brisco		and the state of t
ld be carefu and legibly.			VORCED (Specify)	8/2//948	last birthday) Month	et I Year K Under 24 Hours B Days Hours Min
shoul	worl	A. USUAL OCCUPATION (Givekind of to B. KIND OF B done during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country 12	CITIZEN OF WHAT COUNTRY
atic	_	- ohn Raymond MCC	long	Jawelle Jawelle	ME Wel	26
BINDING of inform	(Ya		SOCIAL SECURITY NO.	John 9-MGC	loud 10291	
R un		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		of DEATH		INTERVAL BETWEE
F-3-		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	OUE TO	16 THINTY OF CHOSY	***************************************	
ERV. E wr		ANTECEDENT CAUSES				
RESERVED INK. Ever	NOIF	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
ING ING	FICA	.,	(C)			
MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Systems.	
-	U	19a. DATE OF OPERATION 198. MAJOR FIND	INGS OF OPER	ATION		20. AUTOPSY?
ILY, WITH important.	EDICAL		FINJURY (e.g., in ory, street, office bldg., e	21c. WHERE DID (If to.) INJURY OCCUR? 500 block W. H	in Baltimore City, give	
	Z	OF IN HIPV	NOT WHILE	21F. HOW DID INJURY		
LAIN		Aug. 30, 1953 4:00 P. m. WHILE A WORK				haven and fun
P Sec		the cvidence obtained by said Autopsy, and death in my opinion resulted from:	Inspection or I	Autopsy, In nquiry, find that said dec	nspection or Inquiry ceased died on the c	day stated abov
E WRITE		23A. SIGNATURE PAFisher		238. CHIEF MEDICAL E. ASSISTANT MEDICAL E. D. MEDICAL INVESTIGATO	XAMINER 23c. I	DATE SIGNED
	24 TIC	AA. BURIAL CREMA- 24B. DATE 24C. N			CATION (City, town, or o	county) (State)
PLEAS correct		ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR		25 FUNERAL DIRECTOR	- Rico - 66	DDRESS Bar
	v	s 151 N 862.2		The contract of the contract o	7 (	VAX



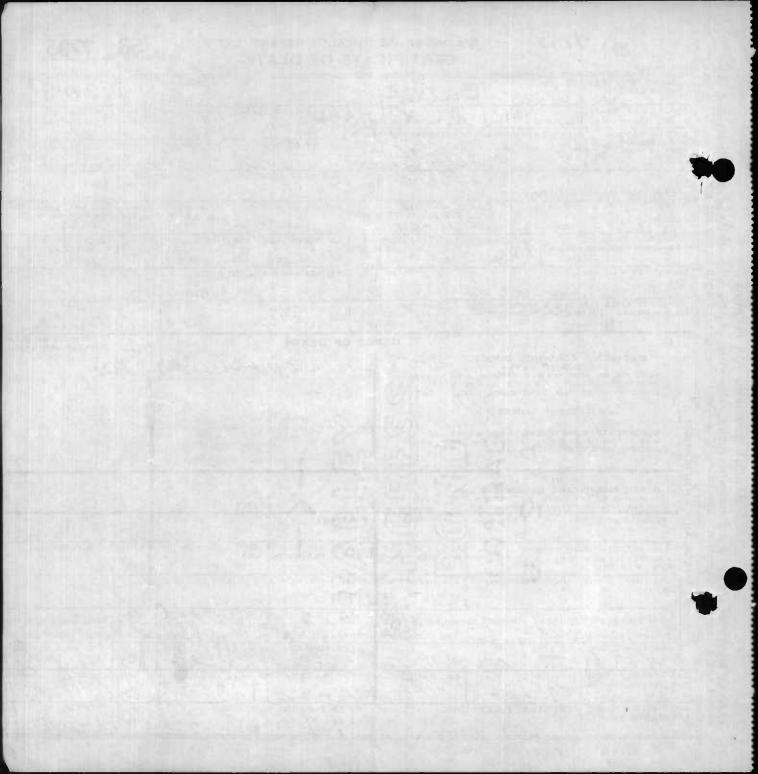
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## BALTIMORE CITY HEALTH DEPARTMENT

X Rea	istered No	7	17	35	5
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	BIR	RTH NO.	E OF DEATH Registered No.					
	1. N (Tyr	NAME OF DECEASED Bailey	2. DATE 0F 8/30.53					
		Baltimore City, Maryland 2/0/ W. Cod Sight	4. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission)					
	HOS	FULL NAME OF (If not in hospital or institution, give street Addless or SPITAL OR BA WW Ba Months location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give					
1		1) 210( W. Coldspine La	Rural (Charles Co-untage					
legi	c. I	Yrs. Mos. Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)					
/ and	5. 5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years if Undet I Year In Under 24 Hours Min.  Works Days Hours Min.					
clearly	10Å. work d	done during most of working life, even if retired)  NUSUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?					
9	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
dea	15	Mrs December	_ lu Knom					
ses or	(Yes, 1	WAS DECEASED EVER IN U. S. ARMED FORCES? no or unknown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	E. Tilley 2101W. Cold grue					
ite the causes	1	18. #22,   CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,						
e write		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES						
please	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
	<b>4</b>	UNDERLYING CONDITION LAST. (C)						
rnysicians:	ERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED						
7	U _	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?					
ant.	CAL		YES NO					
portant.		21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., cause of Death						
	1	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
		m.   WORK   AI WORK   22. I hereby certify that I attended the deceased from	23 to Troug 30, 19 that I last saw the					
esp		deceased alive on 2, 15 3, and that death occur	rred at 850 m., from the fauses and on the date stated above.					
2	2	23A. SIGMARE PLUSONM. D. 2	403 Med Cers 13 8/3/5					
ser age	24A TION	A. BURIAL, CREMA- 249 DATE 24c. NAME OF CEMETE N. REMOVAL (Specify)						
correct		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS ADDRESS AND STATE OF ADDRESS AND AND ADDRESS AND					
4	FF	VS 150 Thurtington Vollegues "	91					
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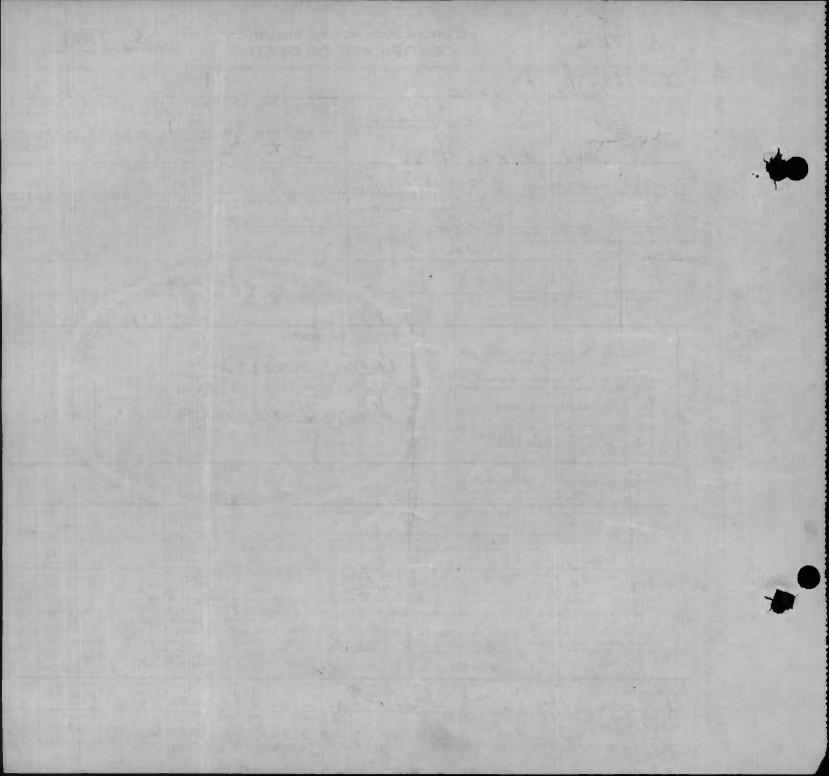
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53 7796  BALTIMORE CITY HE CERTIFICATI	_ 00//30
Type or Print) William France	2. DATE OF DEATH AND 1953
Baltimore City, Maryland Balto, Cetty	A. USUAL RESIDENCE (Where deceas Wived If institution: residence a. STATE Warrante B. GOUNT)  B. GOUNT
S. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	
Yrs.  Length of stay in Baltimore 27 W	D. STREET ADDRESS (Utruval, give location)
S. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years il Under I Year last birthday)  Months: Days Hours Min.
OA. USUAL OCCUPATION (Givekiod of the domesting of the do	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Robert Grangus	14. MOTHER'S MAIDEN NAME
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknowo) (If yes, give war or dates of service)  217-03-164	Hovace Junger 1019 h Person
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, c. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  CAUSE  (A)  DUE TO	OF DEATH ONSET AND DEATH ONSET AND DEATH
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	sosofrotiz Cardinius m Bu 1) sose
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION   20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT WORK  NOT WHILE AT WORK	ED 21F. HOW DID INJURY OCCUR?



22. I certify that I took charge of the remains described above, held an 1 thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), undetermined \( \subseteq \). 23B CHIEF MEDICAL EXAMINER ... ASSISTANT MEDICAL EXAMINER ... MEDICAL INVESTIGATOR 23A. SIENATURE 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY 24DoLOCATION (City, town, or OR CREMATORY 24B DATE ADDRESS DATE RECEIVED BY SIGNATURE DIRECTOR REGISTRAR'S 25. LOCAL REGISTRAR V S 151



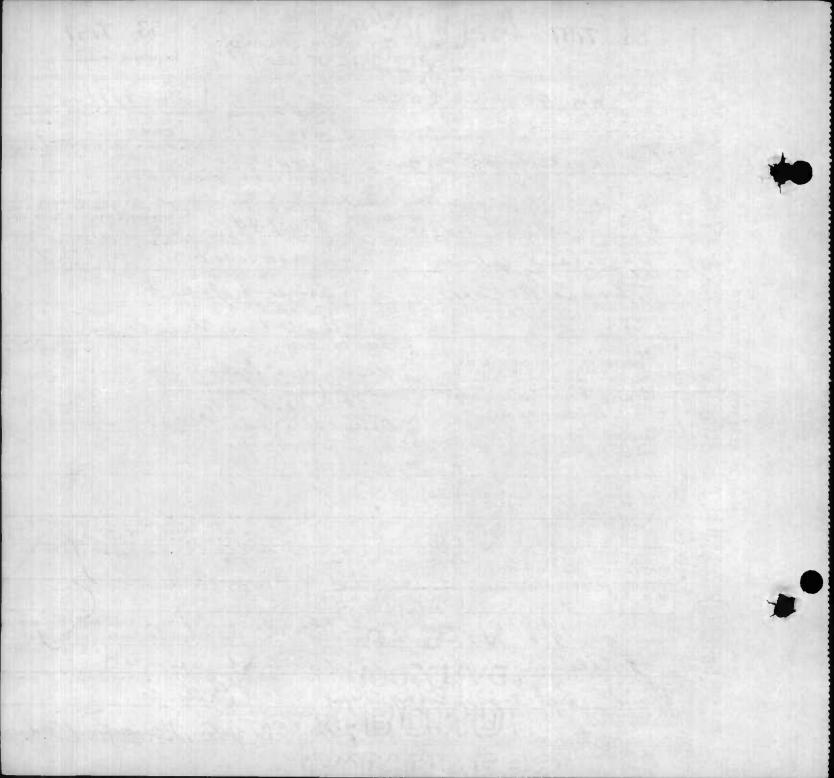
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		Registered No.	
E	CERTIFICATI	OF DEATH	,
	NAME OF DECEASED Type or Print) Wm. ARTHUR CARR	2. DATE OF DEATH	1/53
3	B. PLACE OF DEATH:  B. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in A. STATE B. COUNTY	before admission)
11	R. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION	CARROC C. CITY ORTOWN (If outside corporate limits,	
13	UNIVERSITY HOSPITAL YES.	UPPERCO  D. STREET ADDRESS (If rural, give location)	
	Length of stay in Baltimore 7 Mos.	B. STREET ADDRESS (II Tutal, sive location)	5600
182	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if last birthday) Mon	heer 1 Year   If Under 24 Hours ths: Days   Hours   Min.
-	M W SINGLE	1/27/89 6#	
1 110	OA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country)  MARYLANO	12. CITIZEN OF WHAT COUNTRY? US A
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas R-Carr	anna falchart	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL (7es, no or unknown)   (1f yes, give war or dates of service)   SECURITY NO.	17. INFORMANT AD	DRESS
_	No	The B. Car Uppers "	nd
	The state of the s	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  Mus	cardial failure and	5 days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	cardeal failure and	•
	injury of compleasion which caused death.)	secondary 18	
Z	(B) Orler	is saleratti laides vas un	lu
100	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	Desiare	
CATI	UNDERLYING CONDITION LAST. (C)		
RTIF			
FRA	TO THE DEATH BUT NOT RELATED TO THE		
A	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF WAS PERFORMED	CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO
AFDIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	e.g., in or 21c. WHERE DID (If in Baltimore City, a bidg., etc.) INJURY OCCUR?	give exact location)
2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE IN. WHILE AT NOT WHILE AT WORK AT WORK	ε Τ	
	22. I hereby certify that I attended the deceased from 8	1	that I last saw the
	deceased alive on 9/1, 1953, and that death occur		
	23A. SIGNATURE S. Kiser M.D. 2	38. ADDRESS Viviersely Hospital	23C. DATE SIGNED
7	24A. BURIAL. CREMA- 24B. DATE 24C. NAME OF CEMETE 100 DEMOVAL (Expecify)	RY OR CREMATORY 2411 LOCATION (City, town,	or county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1	orm of another Then town town by 1821 At Wes Mills	of Maron pranger	LOW MAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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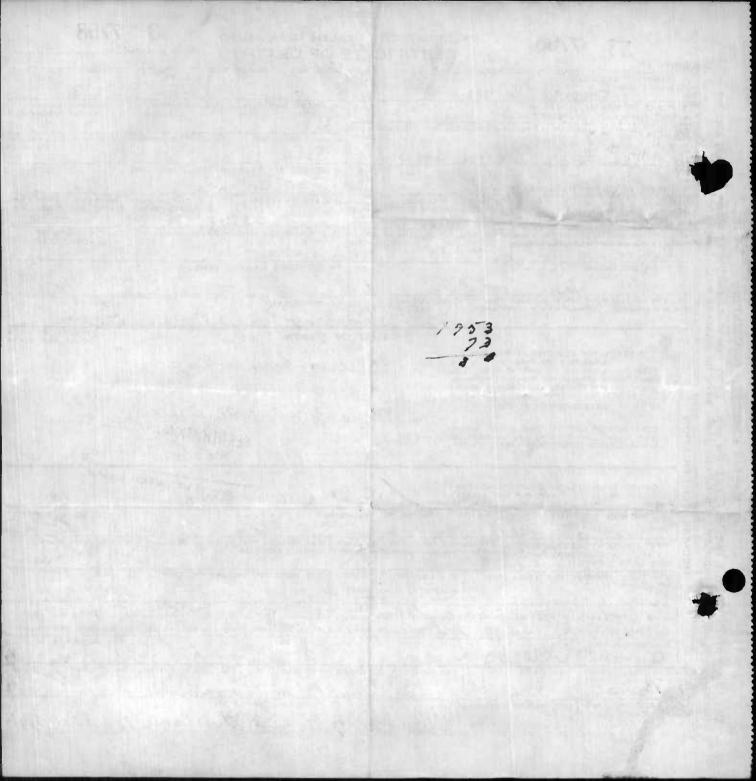
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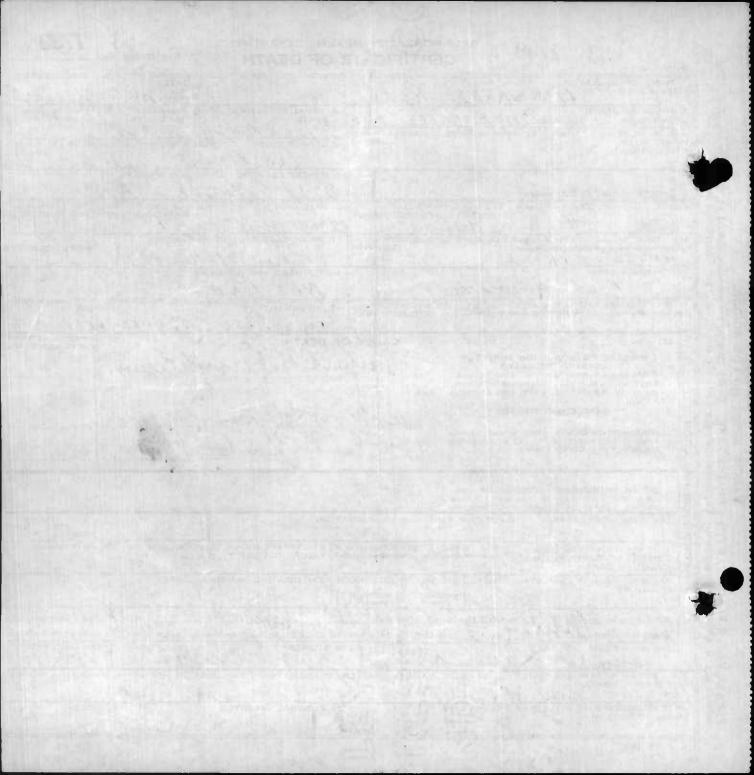
### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF Barnes. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH B. COUNTY before admission) A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Balto. souther D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 7. SINGLE, MARRIED 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. Jidowed 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? work dame during most of working life, even if retired) atired. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) RTIF CHIEF OR ASST. MEDICAL EXAMINE OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY DICAL important. 21c. WHERE DID 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK L AT WORK 22. I hereby certify that I attended the deceased from \$115 53 19. . 19\_ \_, that I last saw the And that death occurred at 4:05 Pm., from the eauses and on the date stated above. RITE is esp 30123 deceased alive on & 23¢. DATE SIGNED 238. ADDRESS BURIAL, CREMA-REMOVAL (Specify) 240. LOCATION (City, town, or county) CEMETERY OR CREMATORY 24A. 24B. DATE 24C. NAME D PLEASP RECEIVED BY REGISTRAR'S SIGNATURE

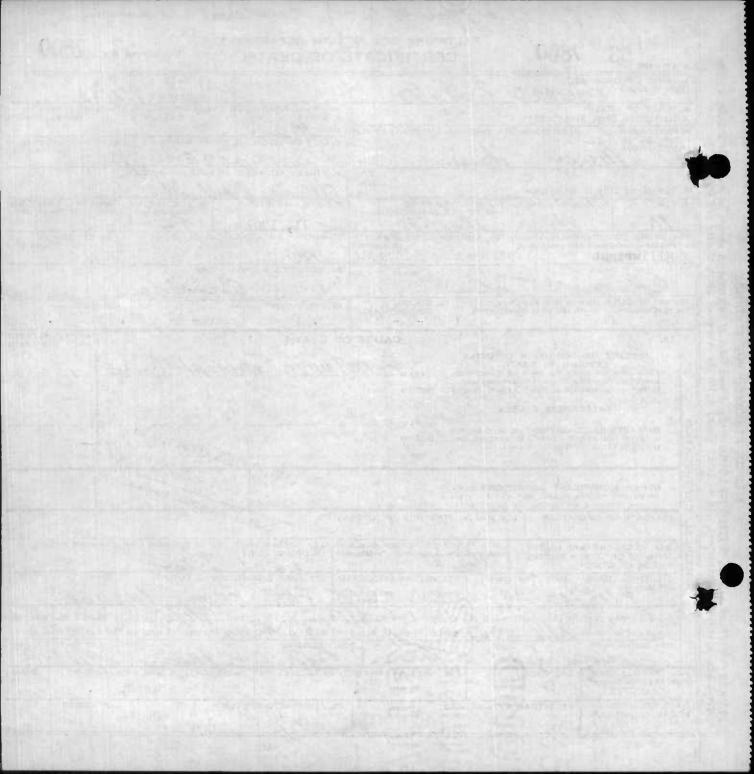


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RTIFICATI	E OF DEATH	Registered No.	
0		2. DATE	
ROSA		DEATH AUG-	31-1953
1 W	4. USUAL RESIDENCE (W	here deceased lived. If inst	itution: residence
EEN AVE	A. STATE	B. COUNTY	before admission)
e street address or location)		REEN AVE outside corporate limits, w	miss Trill A.T. and
		(1)	rite RURAL and give
89 Yrs.	D. STREET ADDRESS (If I	Will Sive leastion	61-24
Mos.	3719 EVERG	41	,-
Days (	8. DATE OF BIRTH	9. AGE (In years If Under	
VORCED (Specify)		last birthday) Month	Days Hours Min.
W	MARCH-10 1871	82	
USINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)   12	WHAT COUNTRY?
	13ALTIME	ORE MD	03
	14. MOTHER'S MAIDEN NA		
LE SECTION	NOT KNO	WN	
OCIAL SECURITY NO.	17 INFORMANT	ADDI	RESS
SECORITI NO.	GEORGE/10SA	3719 EVERGE	EEN AVE
CAUSE	OF DEATH		INTERVAL BETWEEN
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•••••		***************************************	***************************************
INGS OF OPER	ATION		20. AUTOPSY?
			YES NO
INJURY (e. g., in		f in Baltimore City, give	exact location)
			12 0 43 7
JURY OCCURRI	ED 21F. HOW DID INJURY	OCCUR?	
NOT WHILE	7	1.	
	10 1053. 8	17 1053.	Last T land - 17
sea from - f	mod at 1.39 7, 10		hat I last saw the
iai aeain occur	red at 18 m., from the 38. ADDRESS	he causes and on the c	3c. DATE SIGNED
м. р.	1337 2. Cl	Wess!	8/31/53
AME OF CEMETE	RY OR CREMATORY   24D. LC	CATION (City, town, or	eounty) (State)
OLY CR	055 (FIM)	A A Ca	
- A / C/	25. FUNERAL DIRECTOR	1./1.	DDRESS
CALING	2.8. A.100 -X	/ sele 1515	West
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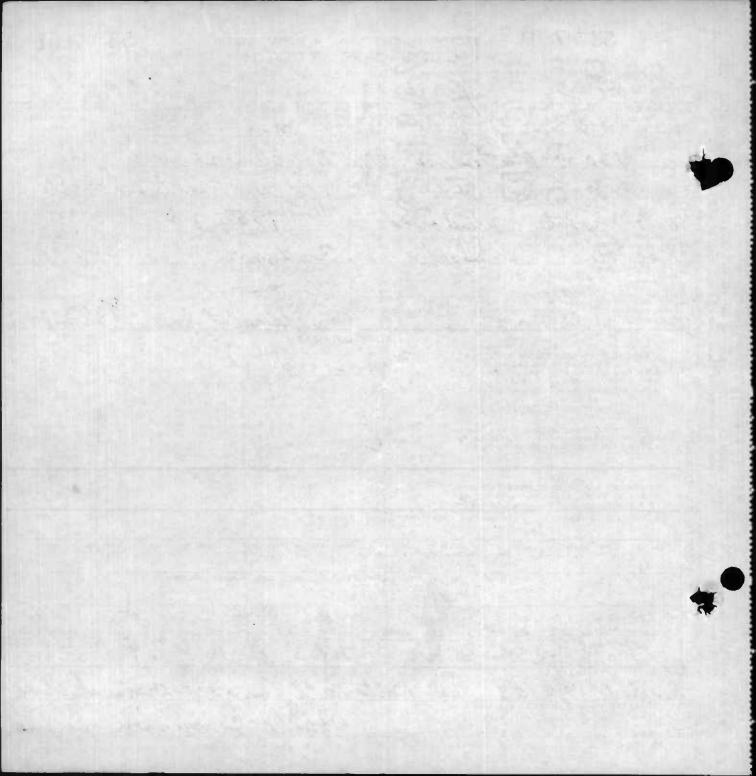
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The	J	-460 7800 BALTIMORE CITY HE CERTIFICATION	EALTH DEPARTMENT Registered No. 7800
	(T	NAME OF DECEASED  Type or Print)  EDWARD PardyTy/ER	2. DATE OF 9/1/53.
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
ns ,	HC	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAI, and give
2	IN	MERCY HOSD.	BALTIMORE 12-05 township)
1 00 to		Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
be car		Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) If Under 1 Year   If Under 24 Hours
should be		M WIDOWED, DIVORCED (Specify)	
shoul	10 work	AA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
cle		Millwright Enameling & Stampin	MD. 4.5.
NDING information s of death cle	13	CALLERY OF THE	Margaret Brashlaw
of d	15	S. WAS DECEASED EVER IN U. S. ARMED ORCES?   16. SOCIAL s. no or unknown) (If yes, sive war or deteror service)   SECURITY, NO.	17. INFORMANT ADDRESS
BINDIN of infor	(10	no or unknown) (If yes, give war or detector service) SECURITY NO. 220-01-9416	Mr. Thomas Tyler - 1711 St. Paul St.
Can Can		18. E 901.0 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
VED FOR Every item write the ca		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	TARED CERVICAL Spine 16 days
Every Write		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	The second secon
00		ANTECEDENT CAUSES	
RESEI INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	
G I	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	WELLONED . DE STORES
MARGIN UNFADING Physicians:	FIC	(C)	0011012
FAI rsici	RTI	OTHER SIGNIFICANT CONDITIONS CON-	CERTIFICAL EXAMINER.
UN Phy	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	COLCAL EDICAL ED
Ha	AL	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	CHIEF OR ASST
, WITH mportant.	DICA	21A. ACCIDENT WAS UNDER.  21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg.,	n or 2 d. WHERE DID (If in Baltimore City, give exact location)
npo,	MEI	CAUSE OF DEATH	UEAL 15/1000. 6900
		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	
PLA eci M		m.   WORK L AT WORK	- NOTH INOTE
0		22. I hereby certify that I attended the deceased from I deceased alive on I have 1933 and that death occur	red at 6:20 m., from the causes and on the date stated above.
WRITE ge is est			38. ADDRESS 23C. DATE SIGNED
OU I	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY ON CREMATORY (24D. LOCATION (City, town, or county) (State)
ASE ect a	TIC	ON REMOVAL (Specify) 8/2/53 Tylerton Cem.	Smith's Island, Md.
PLEASE correct a	DA	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR
1	PL	PI 1913 4-4 to WHI BUS IN	21m: 1 whener I sous
		VS 150 N 805.0	3030 (Satto. 17, ma:

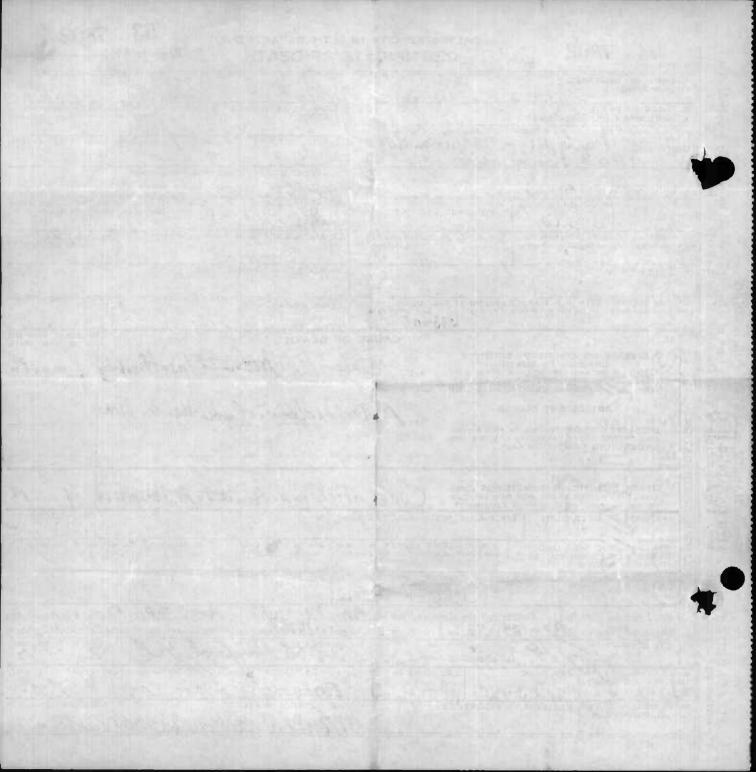


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 2. DATE OF DEATH supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Marylahe before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate limits, write RURAL and give INSTITUTION Yrs. (If rural, give location Mos. c. Length of stay in Baltimore should be clearly and Davs 6. COLOR OR RACE MARRIED 7. SINGLE AGE (in years | If Under 1 Year | If Under 24 Hours | Instablished | Months | Days | Hours | Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work day during most of working life, even if retired) 12. CITIZEN OF WHAT COUN information 13. FATHER'S NAME death EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. causes INTERVAL BETWEEN 1B. 002 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C) ..... UNFADIN Physicians: RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDICA YES 218. PLACE OF INJURY (e.g., in or 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. I hereby certify that I attended the deceased from that I last saw the esp deceased alive on and that death occurred at causes and on the date stated above. 23A. 9 8 MATOR 23c DATE SIGNED DATE RECEIVED BY LOCAL REGISTRAR VS 150



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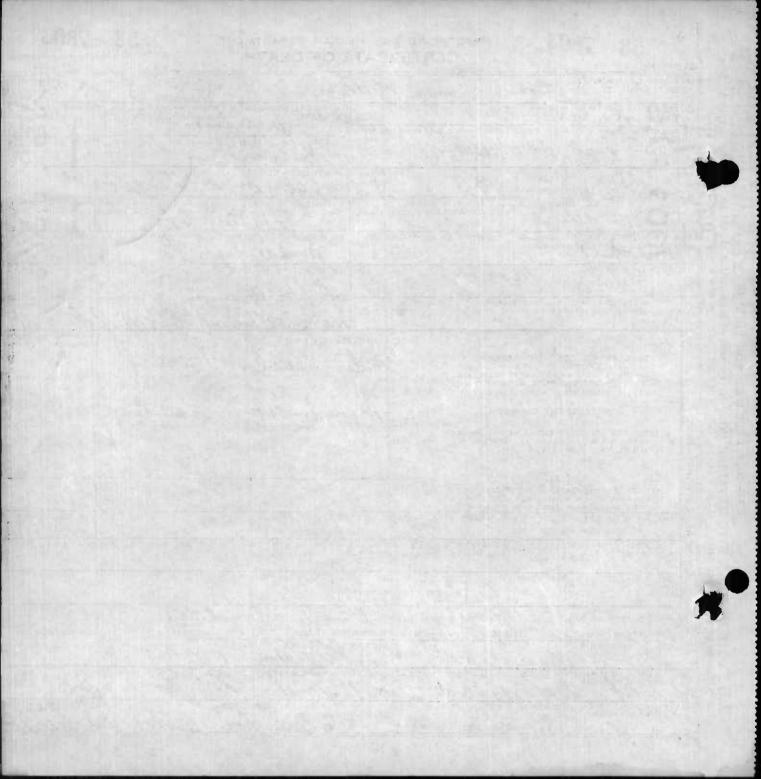
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	5	3	7	803

## BALTIMORE CITY HEALTH DEPARTMENT

53	7803
egistered No	

BIRTH NO.								
		NAME OF DECEASED San	ah Moody	Will	a ms	2. DATE OF DEATH	8-3	1-53
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hosp	oital or institution, give stre	ot address or	4. USUAL RESIDENCE A. STATE	Where deceased li		ution : residence before admission)
	HO	SPITAL OR	T HOSPITAL	location)	C. CITY OR TOWN	(If outside corporat	e limits, write	township)
1	c.	Length of stay in Baltimore	35	Yrs. Mos. Days	b. STREET ADDRESS (	If rural, give locati	St	
	7	emole Color or RAC	makes	CED (Specify)	8- 22-1892	9. AGE (In ye last birthda		Year If Under 24 Hours Days Hours Min.
	10. work	A. USUAL OCCUPATION (Give kind for deducing most of working life, even if retire	of 108, KIND OF BUSIN	INDUSTRY	Middle Ce	foreign country)	12. C	VHAT COUNTRY?
	13	FATHER'S NAME TO	roody		14. MOTHER'S MAIDEN	NAME ?		
		WAS DECEASED EVER IN U. S. ARM, no or inhnown) (If yes, give war or da	ED FORCES? 16. SOCIA	Harry William	ms 608	n. K	Smor St.	
	CATION	18. 443 X I DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It minjury or complication which ANTECEDENT CAUDISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE (AUDICAL)	ATH e of dying, e.g., (A) leans the disease, caused death.)  USES  (B) IF ANY, GIVING A) STATING THE DUE T	Hy	Jesterain	Deuber		NTERVAL BETWEEN
1	RTIFI	OTHER SIGNIFICANT CON						
2	CE	TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION						
	CAL	19A. DATE OF OPERATION	198. MAJOR FINDINGS	S OF OPER	ATION			20. AUTOPSY?
204 400	ED	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJ about home, farm, factory, st	JURY (e. g., iz reet, office bldg., e	2 or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give e	xact location)
	Σ	21b. TIME (Month) (Day) (Yes OF INJURY	m. WHILE AT WORK	NOT WHILE	21F, HOW DID INJU	RY OCCUR?		
		22. I hereby certify that I a	ttended the deceased	from 8-	- 27 1953, to	8-29	19 53, the	it I last saw the
22 24		deceased alive on 827	Dr. A. Alle	Ne   2	Productification of the second	Hospital		te stated above.
cr age	3	A. BURIAL, CREMA-/248. DATE D. REMOVAL (Secify)	3 19 53 13 M	OF COMETE	PY ON THEMATORY 24D	LOCATIONALIS	, town, or co	unty) (State)
COLLEGE		ATE RECEIVED BY DEGISTRA	tor William	- M	25. FUNERAL DIRECTOR	Illiams	1 Ses	CHESS 322 M



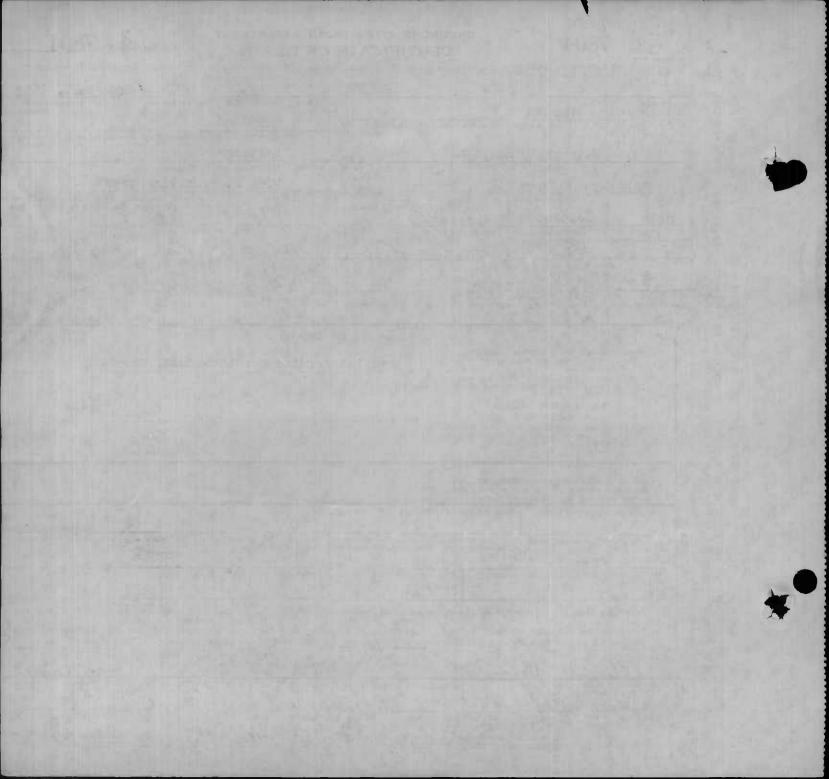
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# BALTIMORE CITY HEALTH DEPARTMENT

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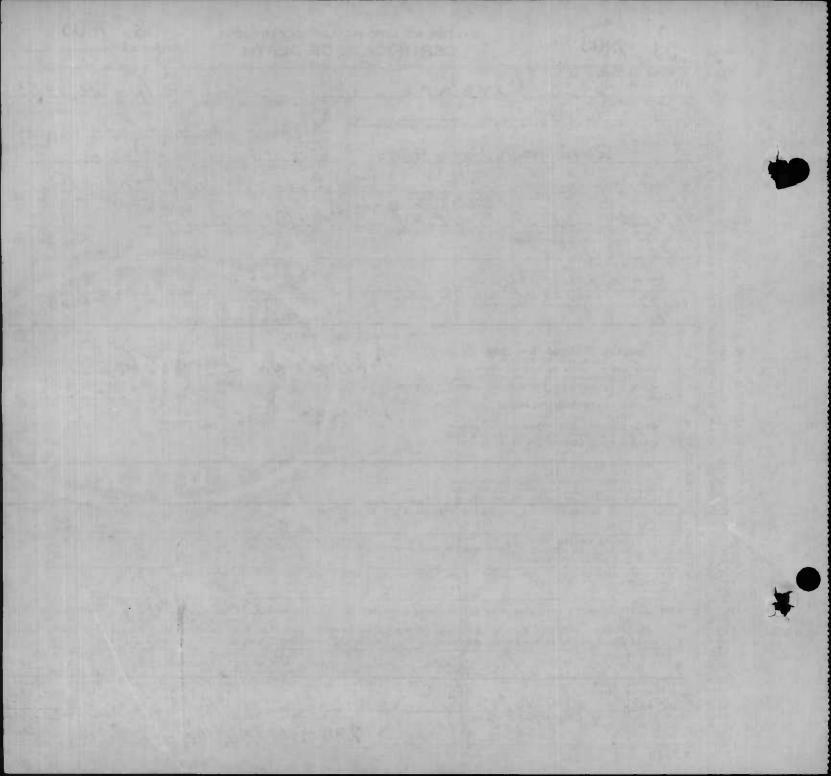
0	В	CERTIFICAT	TE OF DEATH Registered No.
dT.		. NAME OF DECEASED Type or Print) ROY GRAYSO	N 2. DATE OF DEATH August 27, 1953
supplied	Α.	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
y sup	H	FULL NAME OF (If not in hospital or institution, give street address of OSPITAL OR location NSTITUTION	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
full		University Hospital Yrs.	Baltimore //-05
care		. Length of stay in Baltimore Mos.	
should be carefully early and legibly.		Male   Colored   7. SINGLE, MARRIED, WOOWED, DIVERCED (Specif.	1888 65
information shous of death clearly	worl	OA. USUAL OCCUPATION (Givekind of lob. KIND OF BUSINESS OR INDUSTRE HEART OF MAN AVIOLET AND AND AND AND AND AND AND AND AND AND	Culpeppen la. 8.8.a.
matio		Jol Mayson	Alice Washington
infor	15 (Yes	DECEASED EVER IN U. S. RMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 9.314 H. J. Washington O.C.
y item of i		DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
Every write tl		heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	
G INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNFADING Physicians:	ERTIFIC,	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H	L	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY?
ILY, WITH important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office hidge uting Cause of Death.	
PLAINLY scially imp	Σ	21D. TIME (Month) (Dny) (Year) (Hour) 21E. INJURY OCCURS OF INJURY WHILE AT WORK AT WORK	
		and death in my opinion resulted from: natural cause	above, held an Partial Autopsy thereon and from Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated above, as K, accident . suicide . homicide . undetermined .
age is		130 SIGNATURE	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER Aug. 27, 1953
PLEASE WRITE correct age is esp	Z	Surial Sept 2,1953 Ballo.	Chinal Con Cation City, town, or county) (State)
P	LC	ATE RECEIVED BY DEGISTRAR'S SIGNATURE	Mis Katie R. Williams Schroder St





		R-525 BALTIMORE CITY HE	EALTH DEPARTMENT	53 7805
, 0	ВІ	53 7800 CERTIFICATI	E OF DEATH	Registered No.
l. The		NAME OF DECEASED Print) Sarah Ransome		DATE OF DEATH ALA. 30, 1953
plied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	e deceased lived. institution: residence before admission
dns /	H	FULL NAME OF (If not in hospital or institution, give street address or openital or location)	C. CITY OR TOWN (If outs	ide corporate limits, write RURAL and give
efully.		2612 Hollins Fry sq 1606 a Yrs.	D. STREET ADDRESS (If rural	l, give location)
ld be carefu and legibly.	Wingston,	Length of stay in Baltimore Mos. Days  SEX   6 COLOR OR RACE   7. SINGLE, MARRIED.	26/2 HO///	NS tenny Pd. AGE (In years) Hybride I Year   H Under 24 Hours
should be carefully supplied.	7	Male Col. Married (Speelfy)	April 20,1880	last highday) Months Days Hours Min.
on shou clearly	1 C	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	n.s.u.
NDING information of death cle	15	WAS DECEASED EVER IN U. S. ARVED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS 9/6/9
BINDING of inform	(Ye	s, no or teknown) (If yes, give war or dates of service) SECURITY NO.	James Ranson	wl
FOR y item the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH  YMSELEYOFIE GYOZ	INTERVAL BETWEE ONSET AND DEATH
RESERVED G INK. Ever please write	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	48	
MARGIN UNFADING Physicians:	RTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
I U	L CE	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITE important.	EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB- UTING  CAUSE OF DEATH.		Baltimore City, give exact location)
INLY,	ME	21b. TIME (Month) (Day) (Year) (Hour) 21b. INJURY OCCURR OF INJURY  m. WHILE AT WORK AT WORK		CCUR?
PLA		22. I certify that I took charge of the remains described a	bove, held an Fartal	Actor of Inquiry thereon and from
TE		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Inquiry, find that said decea	sed died on the day stated above
WR]		23A. SIGNATURE	238. CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXAM I.D. MEDICAL INVESTIGATOR	MINER D 230 DATE SIGNED
PLEASE WRITE correct age is esp	315		RY OR CHEMATORY 249, LOCA	Tion (City, town, or county) (State)
PLE.		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS 320 N.
SEP		7 5 3 ,0 0 0 7	Mrs Matie K-Welle	amp Schirchel St

V S 151



OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

198, MAJOR FINDINGS OF OPERATION

21B, PLACE OF INJURY (e.g., in m about home, farm, factory, street, office hldg., etc.)

21c. WHERE DID INJURY OCCUR?

YES X (If in Baltimore City, give exact location)

UTING | CAUSE OF DEATH. 21p. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED NOT WHILE WHILE AT

WORK

21F. HOW DID INJURY OCCUR?

Autopsy, Inspection or Inquiry 22. I certify that I took charge of the remains described above, held an the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \( \mathbb{I} \), accident \( \supersymbol{\pi} \), suicide \( \supersymbol{\pi} \), homicide \( \supersymbol{\pi} \), undetermined \( \supersymbol{\pi} \).

23A, SIGNATURE

24d NAME OF CEMETERY OR CREMATORY

AT WORK

ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

23B, CHIEF MEDICAL EXAMINER.

240 LOCATION (City, town, or county)

DATE RECEIVED BY

LOCAL REGISTRAR

24A. BURIAL, CREMA-248. DATE

under

REGISTRARIS SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 A

7806

before admission)

township)

If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

12. CITIZEN OF

ADDRESS

information s of death cle BINDING of i FOR Every ite WITH

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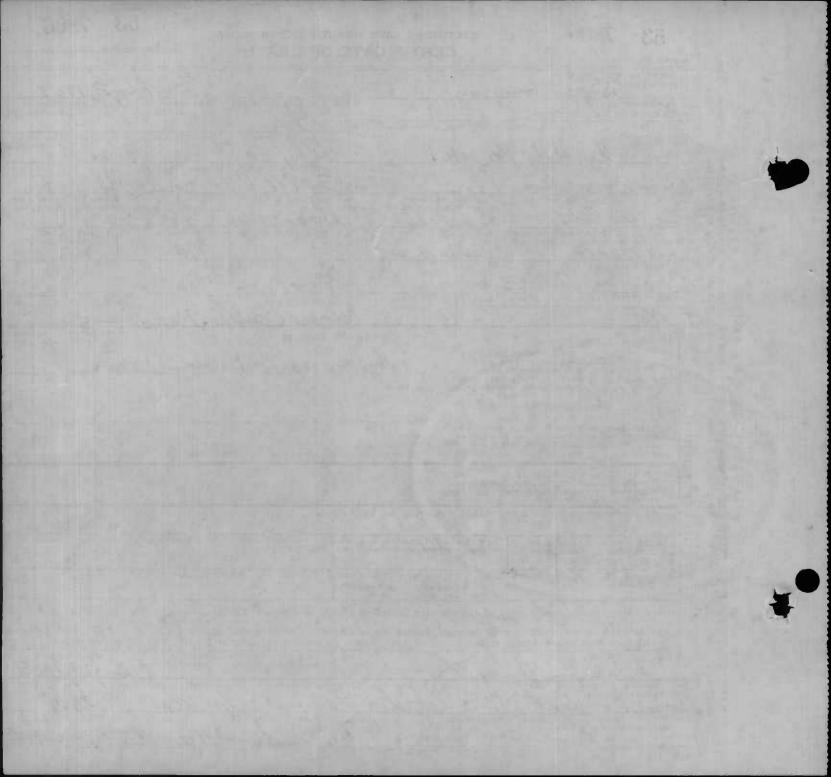
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21A. EXTERNAL CAUSE WAS

UNDERLYING | OR CONTRIB.

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important. PLAINLY,



not	med Elam BALTIMORE CITY H	EALTH DEPARTMENT 53 7807
The	BIRTH NOT 7807 On KES CERTIFICAT	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) William Omen	2. DATE OF DEATH CMANA + 31, 1953
ilddn	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address of	4. USUAL RESIDENCE (Where deceased lived, If distitution: residence before admission
ally s	HOSPITAL OR location	
arefu	JOHNS HOPKINS HOSPITAL  Yrs.  Mos.	D. STREET ADDRESS (If rural, give location)
NDING information should be carefully supplied.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	B. DATE OF BIRTH  9. AGE (In years If Under 1 Year If Under 24 Hear last birthday) Months Days Hours Mir
n shou learly	10 A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY
rG mation leath c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS  JOHNS HOPKINS HOSPITAL
MARGIN RESERVED FOR NFADING INK. Every iten tysicians: please write the ca	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	to be made by entopsy)
PE	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED	peration if operation was related to 20. AUTOPSY?
LY, WITH important.	U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY	(e. g., in or bldg., etc.)  PART I OR PART II  (e. g., in or bldg., etc.)  INJURY OCCUR?
LAINLY,	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  OF INJURY  NOT WHILE AT NOT WHILE AT WORK AT WORK	LE LE
P 0	deceased alive on 8-31, 19-33, and that death occu	rred at 1015 m., from the causes and on the date stated above 238. ADDRESS 23C. PATE SIGNED TO SPITAL
PLEASE WRITE correct age is esp	24a. BURIAL, CREMA- TION BANOVAL (Specify)  Q-3-53  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State
	SEX 150 195 milington Hilliams, 10	Easton, ml.

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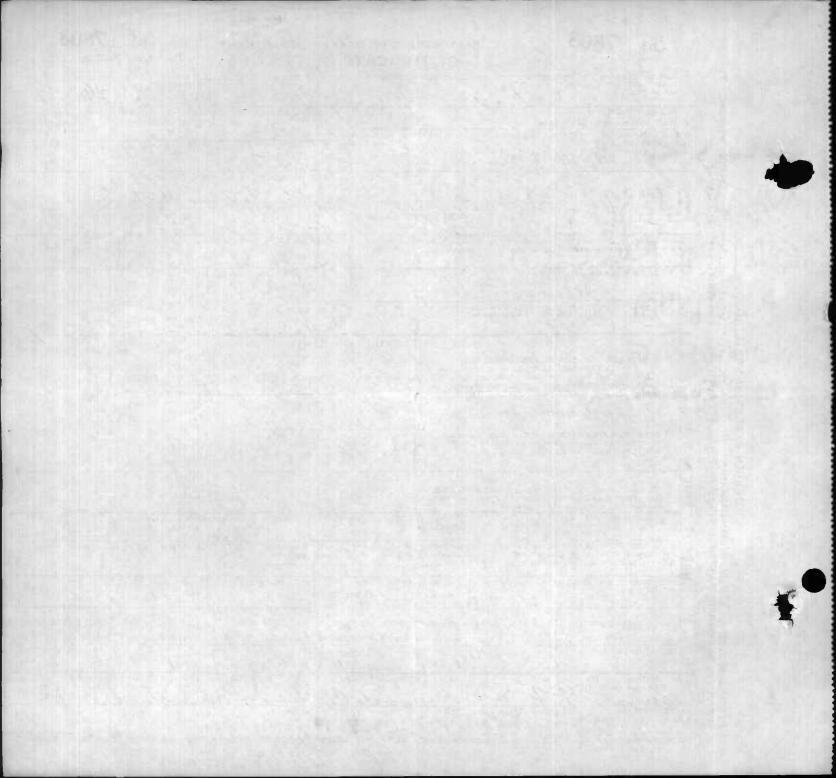
Dr Edward,
said this insthe same a
Von Grerke's decise

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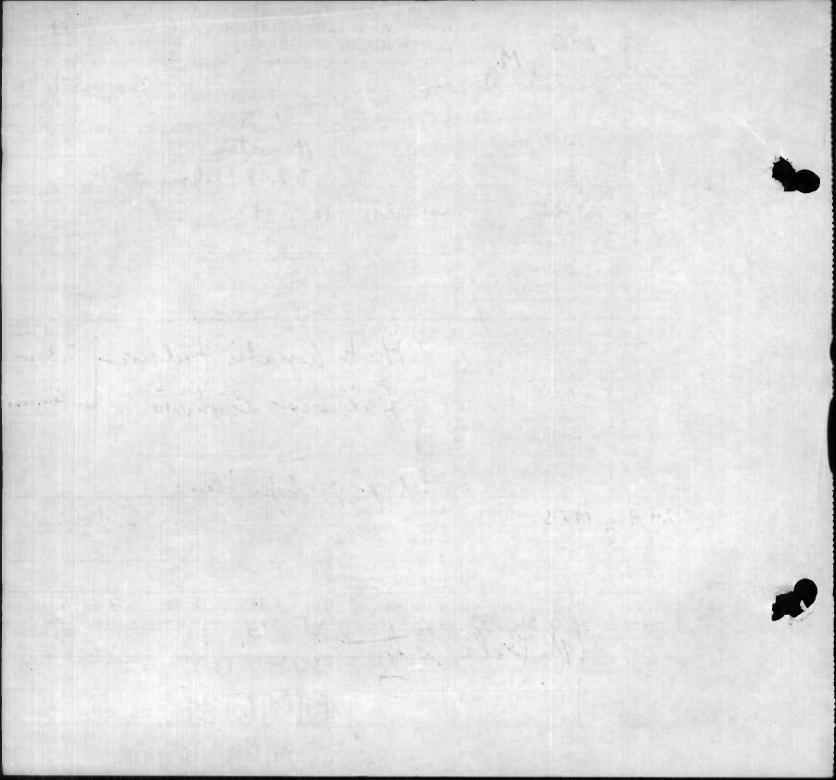
## BALTIMORE CITY HEALTH DEPARTMENT

53 7808

The	CERTIFICATE OF DEATH Registered No			
	1. NAME OF DECEASED Mary & Jayler 2. DATE OF DEATH 8-30-53			
ıpplie	S. PLACE OF DEATH:  A. Baltimore City, Maryland  A. STATE  B. COUNTY  B. COUN			
92	of 11, coney of osiens 16-01	d give nship)		
legib	c. Length of stay in Baltimore  24  Yrs.  Days  O. STREET ADDRESS (If runal give location)  C. Length of stay in Baltimore			
uld be	5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)   8. DATE OF BIRTH   9. AGE (In years   18 Under 2 last birthday)   Months Days Hours   18 Under 2 last birthday   Months Days Hours   18 Under 2 last birthday			
clearly	10A. USUAL OCCUPATION (Give kind of North Month of State of Greign country) 12. CITIZEN OF Work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) WHAT COUNTRY WHAT COUNTRY	TRY1		
death	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Principle ?			
causes of c	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Adelenal of the 834 (Care	1		
UNFADING INK. Every item Physicians: please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  Cerebral Hemothese Interval advises Onset and Death  Construction of the co			
JNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
- 1	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN YES NO			
PLAINLY, WITH ecially important.	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY (e.g., in or DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY (e.g., in or DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY (e.g., in or DEATH (NOTIFY MEDICAL EXAMINER)	n)		
Ily im	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  WHILE AT   NOT WHILE   AT WORK   AT WORK   OCCURRED    •			
TE PLAIN especially	22. I hereby certify that I attended the deceased from \$ -28 , 1953 to \$ -30 -, 1953 that I last say deceased alive on \$ / 29 -, 1952, and that death occurred at 1:10 A.m., from the causes and on the date stated a			
WRI e is	23A. SIGNATURE COM. R. BOYKER M. D. 23B. ADDRESS 1/33 No. M. ONAW & 23C. DATE SIGNATURE & 9-3/-5	-3		
ASE ect a	TION REMOVAL (Specify) 9-2-53 Beaulah Ch. Cen Languster Bo To	tate)		
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS			
	VS 150 1308 0 72084 1011 M. almgton Chel			



		EALTH DEPARTMENT 53 7809  E OF DEATH Registered No.			
ed. The	1. NAME OF DECEASED (Type or Print) Senoin Ousers	2. DATE OF DEATH (MILE T. 3) 1953			
y supplied.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location)  101110000000000000000000000000000000	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
carefully egibly.	C. Length of stay in Baltimore  JOHNS HOPKINS HOSPITAL  3 weeks  Mos. Days	D. STREET ADDRESS (If rural, give location)  7 2-6 A P. Oanger + S+			
ould be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  10A, USUAL OCCUPATION (Givekinder, 10B, KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE (In years   Il Judge   Year	IDING information should be careful of death clearly and legibly.	Independent Oil operator  13. FATHER'S NAME  Jackson Evander Josey	Huntsville, Texas  14. MOTHER'S MAIDEN NAME
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	Katherine Lenois  17. INFORMANT ADDRESS  JOHNS HOSPITAL			
RESERVED FOR INK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	of DEATH  E lipatie Failure 2 das  nuce Cirloris unhumons			
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DOLLAR OISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 198. CONDITION FOR WHICH O				
ILY, WITH important.	WAS PERFORMED  21a. ACCIDENT WAS UNDERLYING   21b. PLACE OF INJURY ( about home, farm, factory, street, office)  21b. PLACE OF INJURY ( about home, farm, factory, street, office)	bldg.,etc.) INJURY OCCUR?			
LAIN	OF INJURY  OF INJURY	ILE			
RITE P	deceased alive on 3, 1933, and that death occu	rred at D <sup>12</sup> m., from the causes and on the date stated above.  PHRSPERSPKINS HOSPITAL 23c. DATE SIGNED			
PLEASE W	24a. BURIAL, CREMA 24B. DATE 110N, REMOVAL (Specify) Sept. 4,1953 Forest Park DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE	Houston, Texas  25. FUNERAL DIRECTOR ADDRESS  Why O. Wilchell Ams. 1900 Eutaw Place			
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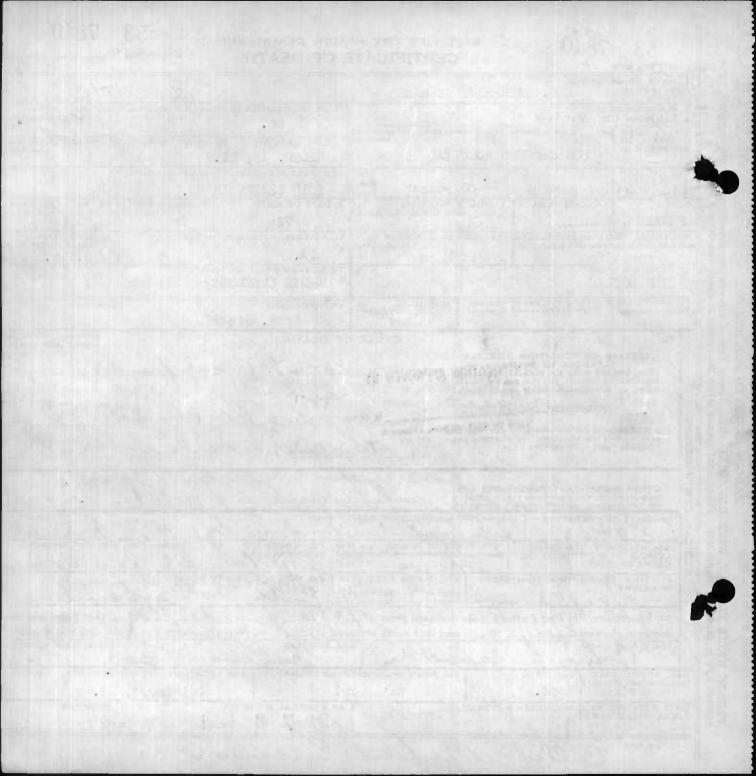
53 7810

4611 Fark Heights Ave

BIRTH NO. BALTIMORE CITY H	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) MRS. CATHERINE GISRIEL	2. DATE OF DEATH 8/31/53
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE MA B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION BON SECOURS HOSPITAL	
c. Length of stay in Baltimore 80 years Mos.	COLO TENTEN ITE DE
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify WIDOWED, DIVORCED (Specify WIDOWED)	8. DATE OF BIRTH 1/4/72 9. AGE (1n years of loads 1 Year of last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife at home	11. BIRTHPLACE (State or foreign country) PA.   12. CITIZEN OF WHAT COUNTRY U.S.A.
PETER BOYLAN	ANNIE (KINGEN) Gilbert
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Hosp. records
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TO THE DISEASE OR CONDITION CAUSING IT.	i andon & Well too aci 1 gr
8/24/53 Intu Trechentine	
LYING OR CONTRIBUTING about home, farm, factory, street, office bldg	5010 Teven Sule Road at Han
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deceased alive on that I attended the deceased from deceased alive on the state of the state of the deceased from the de	123/52, 19 to 139/5, 19 that I last saw th urred at 930 m., from the causes and on the date stated above
23A. SIGNATURE & Cerroll Sm. D.	238. ADDRESS Seem Leven hupter 23c. DATE SIGNED
Tion, REMOVAL (Specify) Sept. 2, 1953 Cathed	
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25 TUNERAL DIRECTOR ADDRESS 4611 Fark Heights Ave

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PLEASE WRITE

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correct

DATE RECEIVED BY

LOCAL REGISTRAR

## EALTH DEPARTMENT E OF DEATH

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Days

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10B. KIND OF BUSINESS OR

MARRIES

4. USL A. STA

	53	7811
1	Registered No.	

12. CITIZEN OF

BIRTH NO. 53 7811	BALTIMORE CITY H
1. NAME OF DECEASED (Type or Print) R. FR	ANK BE.
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or INSTITUTION BON SECOND	r institution, give street address or location)
	Yrs.

c. Length of stay in Baltimore

10A. USUAL OCCUPATION (Give kind of

6. COLOR OR RACE

5. SEX

9	2. DATE OF DEATH	9-1-53
AL RESIDENCE	(Where deceased li B. COUN	ved. If institution: residence TY before admission

Penna. (If outside corporate limits, write RURAL and give C. CITY OR TOWN

(If rural, give location) D. STREET ADDRESS

9. AGE (In years II Under I Year II Under 24 Hours | Min. 8. DATE OF BIRTH Apr. 29, 1888 11. BIRTHPLACE (State or foreign country)

work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Silk Mfg. Clerk Pralunto 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jack Benna Caroline Aquadro 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uoknown) (If yes, give war or dates of service) SECURITY NO Mr. Johnnie Mirante-3637 Greenmount Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH prostate? (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE OEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 218. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER (If in Baltimore City, give exact location) 21c. WHERE DID sbout home, farm, factory, street, office bidg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Pog , 1953, that I last saw the 19 53, and that death occurred at 11 A m., from the causes and on the date stated above.

deceased alive on Sept 23A SIGNATURE

23B. ADDRESS 23c. DATE SIGNED

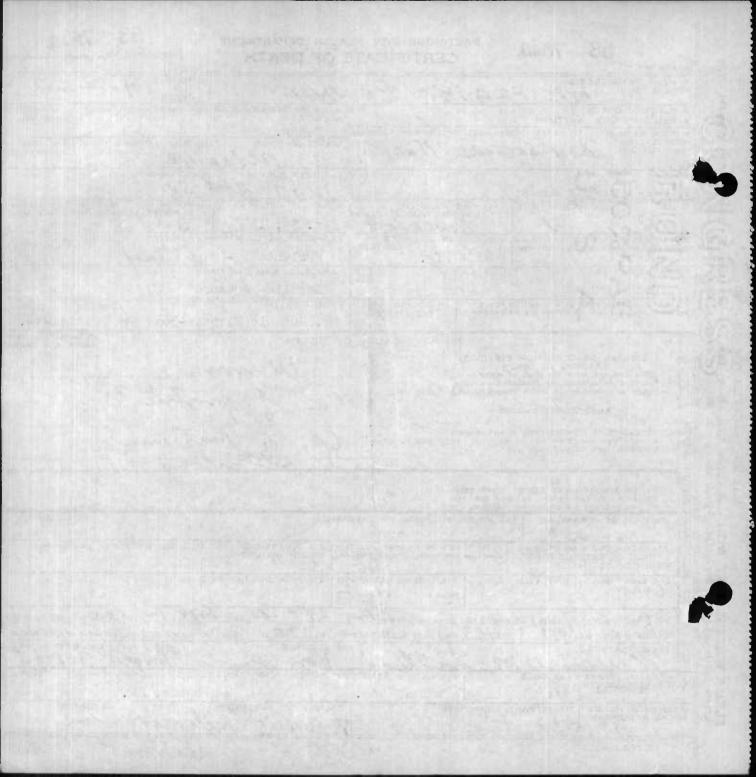
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Calvary Cem. REGISTRAR'S SIGNATURE

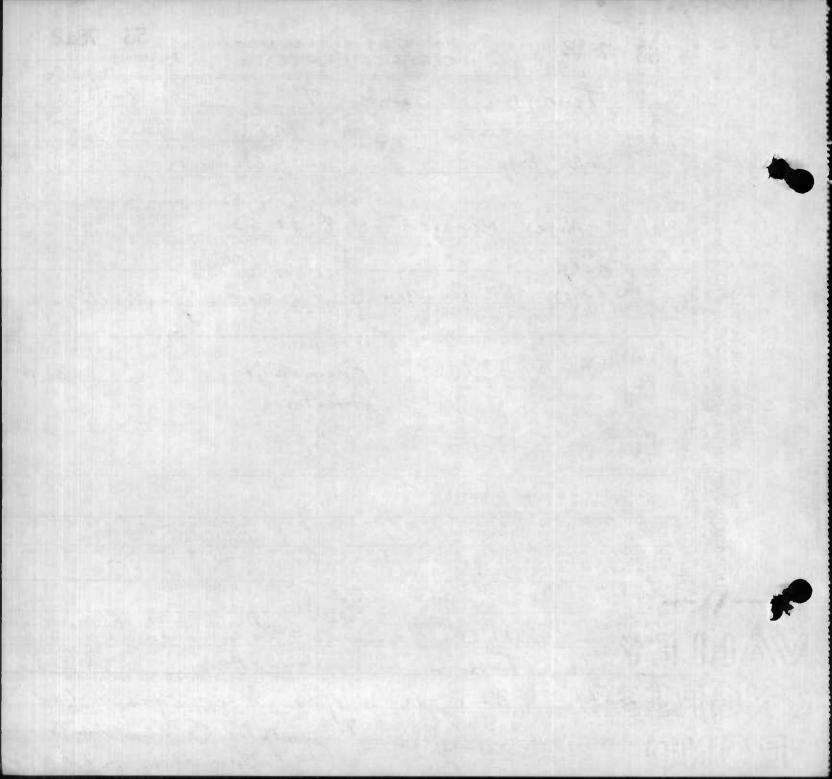
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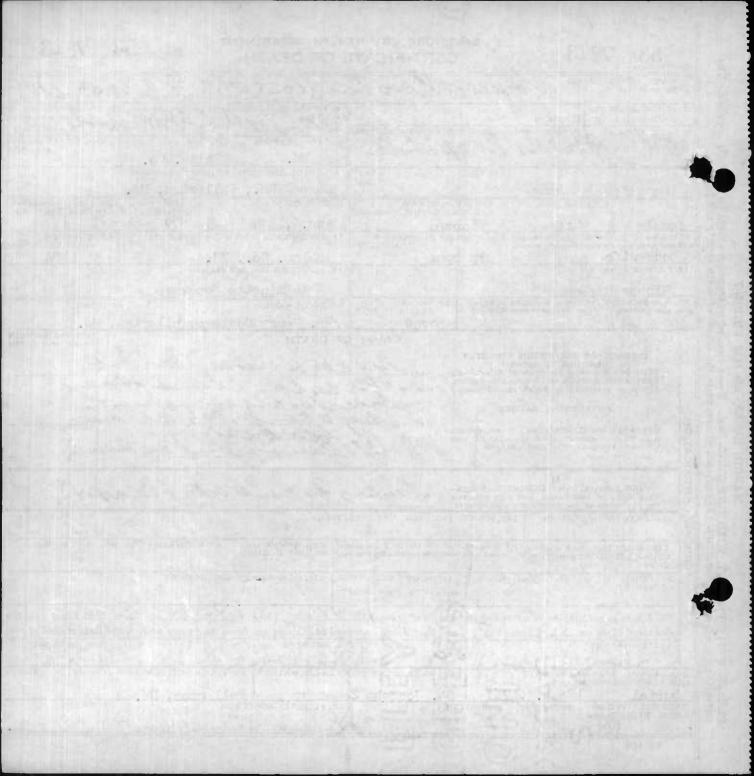


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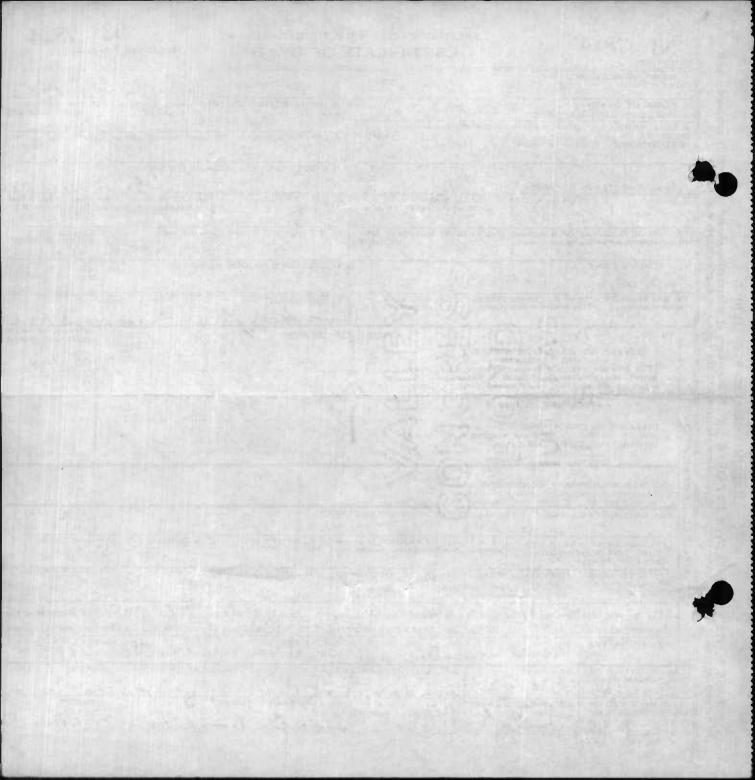
before admission) (If outside corporate limits, write RURAL and give 9. AGE (In years | H Under I Year | H Under 24 Hours last birthday) | Months; Days | Hours | Min. WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH -31 , 1953 that I last saw the 23c. DATE SIGNED (State)



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO hucc. Caster (COSTER 1. NAME OF DECEASED (Type or Print) OF supplied. DEATHO. 3. PLACE OF DEATH: RESIDENCE Where deceased lived. If institution; residence A. Baltimore City, Maryland before admission B. FULL NAME OF (If not in hospital or institution, glve street address or HOSPITAL OR Iocation' (If outside corporate limits, write RURAL and give C. CITY OF TOWN Balto. Co. D. STREET ADDRESS (If rural, give location) Yrs. Mos Chapel Rd., Fullerton, Md. c. Length of stay in Baltimore Days 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | ff Under I Year | If Under 24 Hours | last birthday) | Months | Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Aug. 5.1874 female white widowed IOA. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information s s of death cle housewife own home Balto. Co., Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Myers Antoinette Brockamp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. none Mr. Henry Coster. Fullerton, Md. INTERVAL BETWEEN 18. 443X CAUSE OF DEATH y item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY un securae LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.) serios cler ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTIF OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDICAL mportant. 218. PLACE OF INJURY (e. g., in or (If ln Baltimore Clty, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 10. 1927, that I last saw the and that death occurred at m., from the Appeas and on the date stated above. Accessed alive on. 23A. SIGNATURE 238. ADDRES 23c DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county 24B. DATE burial Josephs Cemetery DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR VS 150



The		53 7814 BALTIMORE CITY HE CERTIFICATE	ALTH DEPARTMENT
	T.	NAME OF DECEASED GEERGE, Baby Boy	2. DATE OF DEATH Sept. 1. 1953
uppli	Α,	PLACE OF DEATH: Baltimore City, Maryland  B. Llum Md.  FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence b. COUNTY before admission)
efully supplied.	HC	SPITAL OR STITUTION Church Home Hopi / location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
C E	c.	Length of stay in Baltimore & days Mos. Days	D. STREET ADDRESS (If rural, give location)
and b	5.	Mile 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years   10 Under 1 Year   11 Under 24 Hours   Months Days   Hours Min.
on should clearly a	10. work	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  INDUSTRY	Cher & Home boy Marfiel WHAT COUNTRY?
atic	13	George, William	Bennett, Alice
of inform	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS WE GARAGE. 33. GRANNOND AVE
INK. Every item lease write the cau	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	OF DEATH  les ceffalus à spina Bolide 2 days
MARGIN F UNFADING Physicians: p	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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LY, WITH	EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
Jii.	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK AT WORK	
TE P		22. I hereby certify that I attended the deceased from Ging	
RI			23B. ADDRESS  Ohwsel Home and lurgital 23c. DATE SIGNED  Sept., 5
	24 TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ery or CREMATORY 240. LOCATION (City, town, or county) (State)
PLEASE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE  OCAL REGISTRAR  OCAL REGISTRAR  OCAL REGISTRAR  OCAL REGISTRAR  OCAL REGISTRAR	25. FUNERAL DIRECTOR DADRESS Lassahu Funeral Horne 7401. Belan Rd
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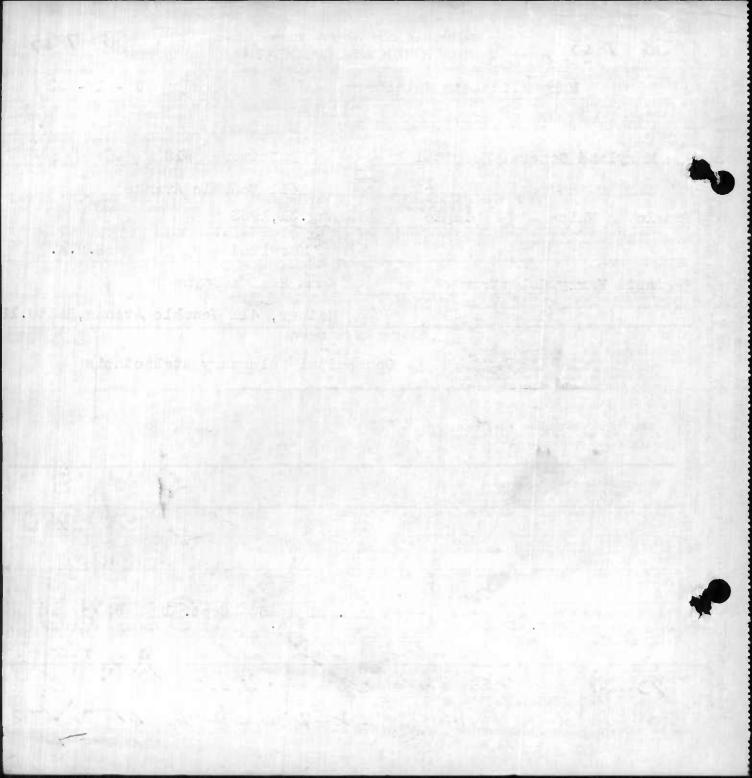


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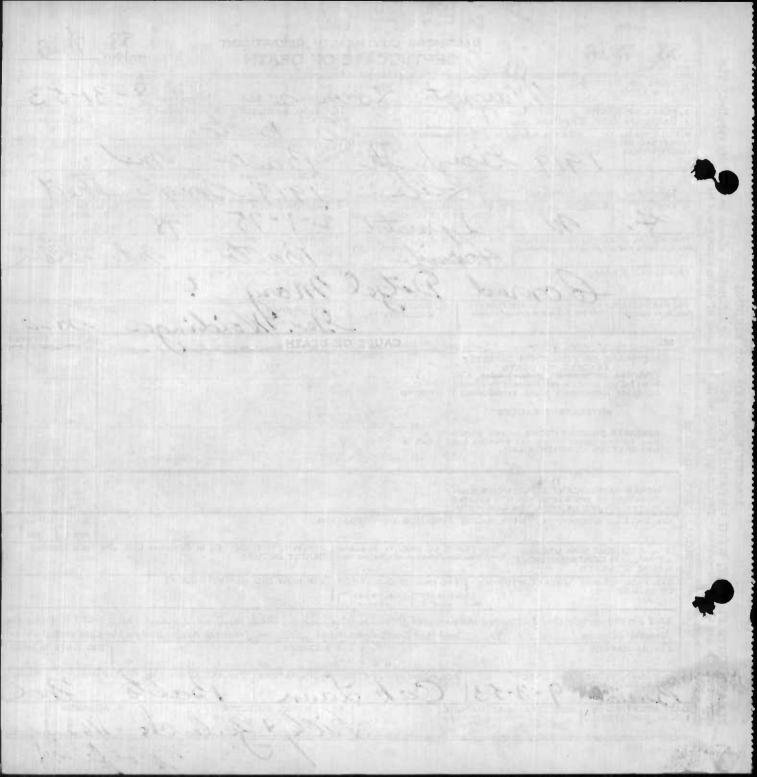
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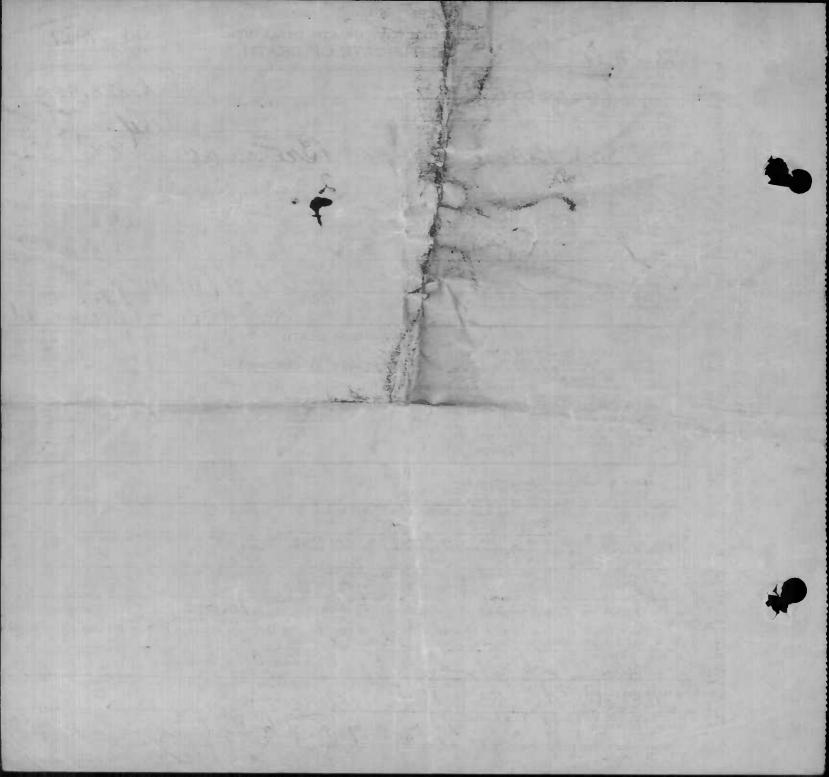


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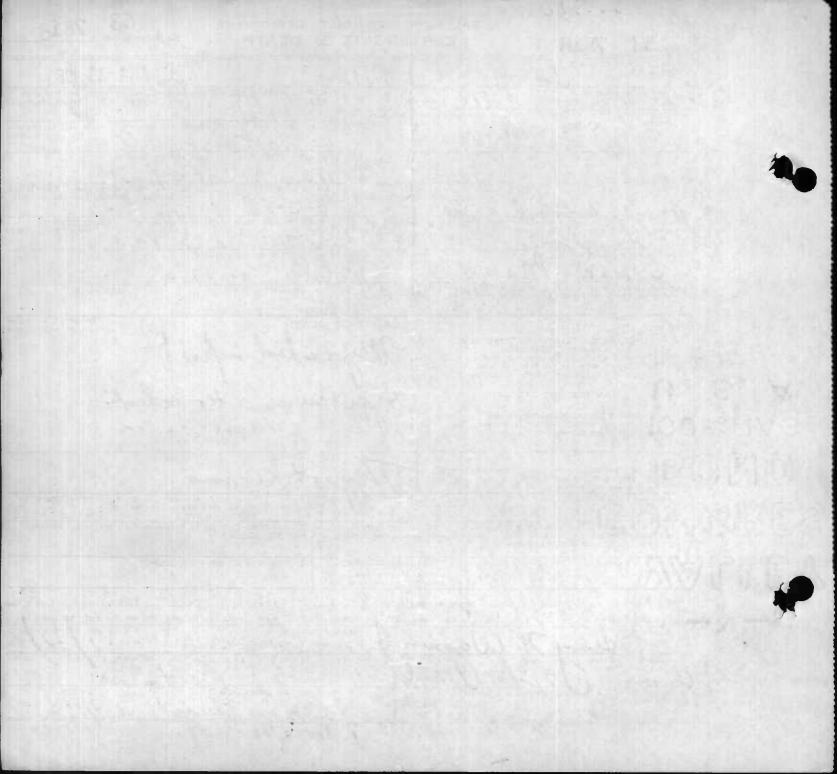
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		53 7816 RTH NO.	BALTIMORE CITY HE CERTIFICATE		53 Registered No.	7816	
		NAME OF DECEASED MON	garet Lor	1 PM DONE	2. DATE OF DEATH 8 - 3	31-53	
		PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (WA. STATE		titution: residence before admission)	
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1108		Length of stay in Baltimore	Mos. Days	1919 9 8. DATE OF BIRTH	Longh J	heet or 1 Year 11 Under 24 Hours	
y am		4. W	WIDOWED, DIVORCED (Specify)	2-1-75	lost birthday) Month		
TOOT	10 work	A. USUAL. OCCUPATION (Give kied of done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	CITIZEN OF WHAT COUNTRY?	
atil	13	FATHER'S NAME	1 Dit 0	14. MOTHER'S MAIDEN N	AME	pr vo·	
70	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FOR oo or uokoowo) (If yes, give war or dates of ser	CES7 16, SOCIAL PURITY NO. SECURITY NO.	17. INFORMANT	ADD	RESS	
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וב רמ		DISEASE OR CONDITION DIRE		OF DEATH	0	ONSET AND DEATH	
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pred	TION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.			***************************************	,	
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ly Stor	ERTI	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT					
-	U	19A. DATE OF OPERATION 19B. N	AAJOR FINDINGS OF OPERA	ATION		20. AUTOPSY?	
ומד רמוור	EDICAL	LYING OR CONTRIBUTING   about	1B. PLACE OF INJURY (e. g., lo ut home, farm, factory, street, office bldg., et		f in Baltimore City, give	exact location)	
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			m. WHILE AT NOT WHILE	29 10 (2)	31 1002	7 . 7 7	
cape		22. I hereby certify that I attende deceased alive on Leaf 31, 19	and that death occurr	red at 1 m., from the	he causes and on the		
27 25		23A. SIGNATURE	forty M.D. 4	+ 16 8 Perfers	Park to	3c. DATE SIGNED	
רו מ	TIC	A. BURIAL, CREMA- N. BEMOVAL (Specify) 9-3-5	3 24c. NAME OF CEMETER	CREMATORY 240. L	CATION (City, town, or	Roccounty) (State)	
77100	DA	TE RECEIVED BY REGISTRAR'S SIG	GNATURE	25 FUNERAL DIRECTOR	1 al Al	DDRESS	
	-	VS 150	William C	secret Gol	Can Cho and	1. 01	



	B	53 NO. 7817 53-09140 CERTIFICATI		7817
carefully supplied. The	[] 1.	NAME OF DECEASED  ype or Print) George Green	2. DATE OF DEATH ALA 2	28.1953
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased liver) If in	stitution : residence before admission
lly su	H	South Badinery Ben. Hoppid	c. CITOR TOWN (If outside corporate limits,	write RURAL and giv
gibly.	c.	Length of stay in Baltimore Days	28/6 - July location	Road
IDING information should be carefused death clearly and legibly	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		hs Days Hours Min.
shoul		NA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	WHAT COUNTRY
G nation eath cl	13	FATHER'S NAME Green	14. MOTHER'S MAIDEN NAME	
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FOR ry item		DISEASE OR CONDITION DIRECTLY	of DEATH () /	INTERVAL BETWEE
RESEF INK.	CATION	ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
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l-H	C	19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPER		YES NO
ILY, WITH important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB- UTING  CAUSE OF DEATH.		ve exact location)
AINLY Illy imp	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT WORK		
PLEASE WRITE PLAIN correct age is especially	H	22. I certify that I took charge of the remains described of the evidence obtained by said Autopsy, Inspection or I	Inquiry, find that said deceased died on the	thereon and from
		and death in my opinion resulted from: natural causes		DATE SIGNED
	2. TH		RY OR CREMATORY 24D. LOCATION (City, town, o	r county) (State)
PLI		ATE RECEIVED BY RESISTRAR'S SIGNATURE	25 FUNERAL PIRECTOR	ADDRESS
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Dr. la	ws	on t	7-400	BAI	LTIMORE CITY H	HEALTH DEPAR	RTMENT	53	70-10
The		<sub>ВТН</sub> 53	7818		CERTIFICAT			Registered No.	1048
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[ddn	Α.	Baltimore (	City, Maryland	Osler	4	A. STATE	1 of	B. COUNTY	before admission)
N SI	HC	FULL NAME OSPITAL OR STITUTION	JOHNS HOPE	CINC HOSE	ion, give street address location		VN (If out	side corporate limits, v	vrite RURAL and give
full	3	2		MAS HOSP		139	ITIMO.	me /6	O 2 township)
care	-	Langth of	tay in Baltimore	51	Yrs	/	RESS (If rur	al, give location)	
be ld l		SEX	6. COLOR OR RAC	E 7. SINGL	Day E, MARRIED,	8. DATE OF BIR	TH 9	AGE (In years If Un	or I Year   Il Under 24 Hours
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tion h cl	13	. FATHER'S	NAME NAME			14. MOTHER'S	HAIDEN NAME	sual	
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PLAINLY,	ME		Month) (Day) (Yes		2 IE. INJURY OCCUR	RED 21F. HO	W DID INJUR	Y OCCUR?	
AIN		OF INJURY		m.	WHILE AT NOT WE WORK AT WE	HILE			
PL, ecia		22. I hereb	y certify(that I	attended the	deceased from 8	-29- 19	53 to 8 -	3/- 1953	hat I last saw the
		deceased a	live on Br 31	1 10 10	and that death occ	urred at 740 A	7	causes and on the	date stated above.
PLEASE WRITE correct age is est		23A. SIGNA	Land 7	1. 11/0	comen St	JOHNS HOPKI	NS HOSPIT		23C DATE SIGNED
age	2.4 TJC	A. BORTAL,	CREMA-	- /	24c. NAME OF CEMET			TION (City, town, or	county) (State)
EAS	U	mar	1 /7/-	3/53/	Mr Gron	ameter	4 30	eltimore	md
PL		TE RECEIVE		R'S SIGNATI	SALLA MIT	25. FUNERAL D	RECTOR	12 P(111)	no CA
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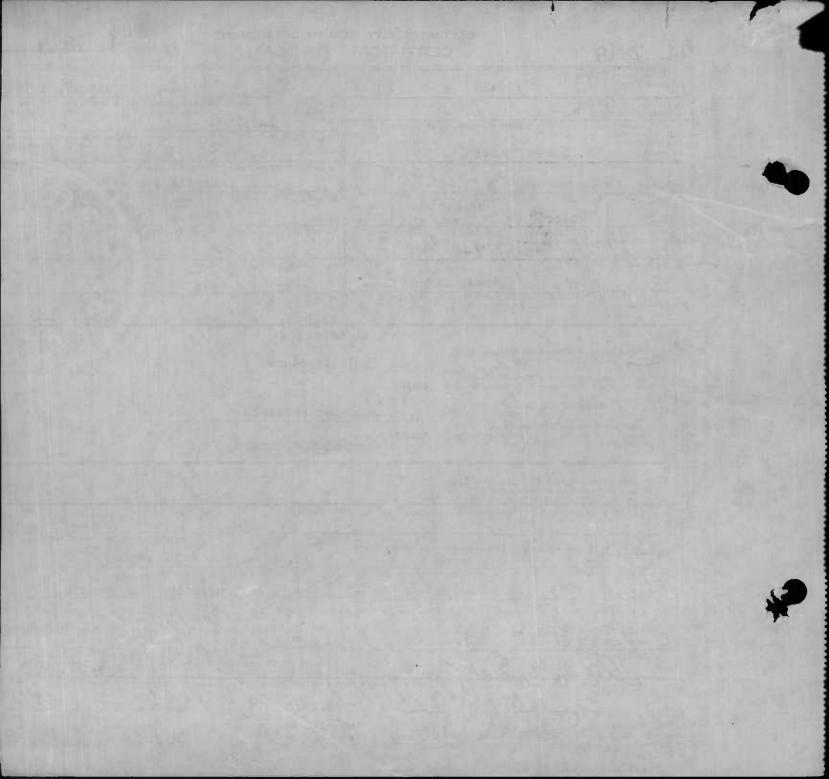
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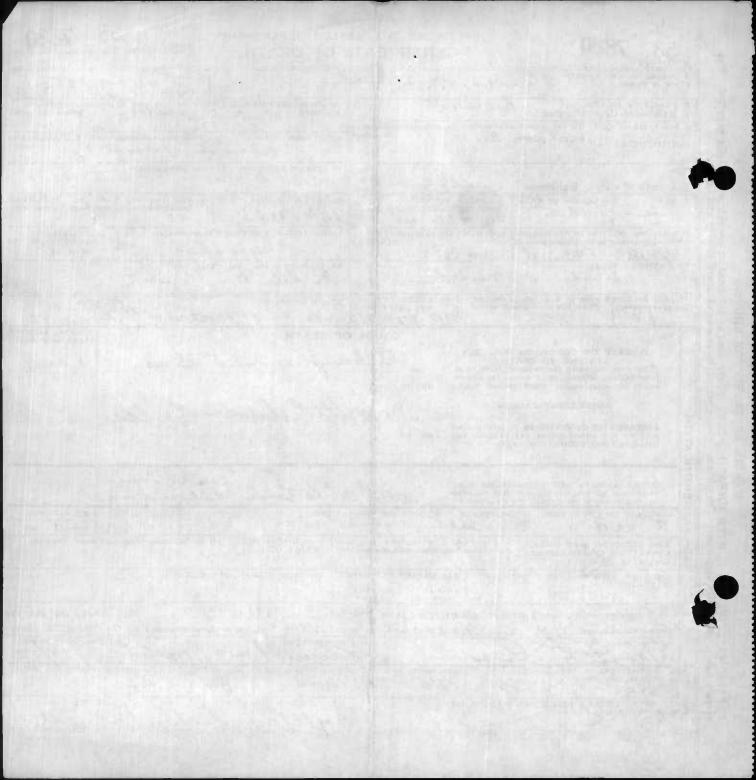
## BALTIMORE CITY HEALTH DEPARTMENT

7819

BI	RTH NO.	9		CERTIFICATE	- OF DEATH		ed No.	
	NAME OF DE		ESLEY	HUNTER			August 27,	
Α.		City, Maryland	Mo	1	4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased live		residenec re admission)
HC	FULL NAME O SPITAL OR STITUTION			ion, give street address or location)	C. CITY OR TOWN (If	f outside corporate l	limits, write RUF	RAL and give township)
	1	St. Joseph's	s Hospit	Yrs.	Baltimor D. STREET ADDRESS (If	100	n)	
-		tay in Baltimore	25 -	Mos. Days	1924 Lau	retta Aven		N Under 24 Hours
	Male	Colored	WIDOW	YED, DIVORGED (Specify)		last birthday)	) Months Days	
WORK	done during most	GUPATION (Give kind of working life, every life tired)	717-0	OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or for aroll 14. MOTHER'S MAIDEN N	ina	12. CITIZE WHAT	EN OF COUNTRY?
		Wavid	Hun	iter	unknow	wu		
		D EVER IN U. S. ARME: (If yes, give war or date		16. SOCIAL SECURITY NO.	CAINFORMANT Caster a Cur	ptin 2112	ADDRESS, Worth	ase
NO	(This does heart failur injury or	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer eomplication which ANTECEDENT CAUS	ATH of dying, e. g ans the disease eaused death. ISES IF ANY, GIVIN	(B) Subdi	l fracture ural hemorrhage			ANO DEATH
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE MICHOS UNDERLYING CONDITION LAST.  (C) Contusion of brain							
	TRIBUTING	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	EO				
C	19A. DATE O	F OPERATION I	19B. MAJOR	FINDINGS OF OPER			YES E	
EDICAL	UNDERLYING UTING C	NAL CAUSE WAS G M OR CONTRIB- AUSE OF DEATH.	about home, for		Mt. Royal and		enues 14	+/1
Σ	OF INJURY	Month) (Day) (Year 7, 1953 3:0		21E. INJURY OCCURRENT NOT WHILE AT WORK		y occurappar jection from	rently stommer of train	ruck by
	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X], suicide []. homicide [], undetermined [].							
	23A. SIGNAT	URE In	The same	× M	23B. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER X	Aug. 27,	1953
TIO	A. BURIAL, C ON, REMOVAL (S)	sept Sept	4/53	name of CEMETE	brance: 6	Dalten	une	(State)
	ATE RECEIVED		's Sygnatu	RE COMPANY OF	25 FUNERAL DIRECTOR	iggold 1	463 Mil	De dies get
V	S 151 is	11.00	3 3/	0-1		111	- (	



The	53 7820 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No. 7820					
	1. NAME OF DECEASED Sheridan, Mr. Edward (Type or Print)	THOMAS 2. DATE 31, aug. 1913 DEATH					
ilqqı	3. PLACE OF DEATH: A Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE  Mayland  B. COUNTY  before admission					
fully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR CAUCH Kome Kop. location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give spanning)					
Co	E. Length of stay in Baltimore  Yrs. Mos. Days	2.18 "D" rose + Balluma Md.					
uld be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years It Under 1 Year Months Days Hours Min.  14, Aug. 1895  9. AGE (In years It Under 24 Hours Min.					
on should clearly a	10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR Work done during most of working life, even if retired)  SUPERI ISOR - FAB. JHOP SHIP BLOC	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  U.S. A					
NDING information s of death cle	13. FATHER'S NAME Sheridan My. Edward	Me Hale Mis Elizabek					
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (You, no or unknown) (If you, give war or dates of service)  213 -07-8073	MRS. HENRY UNDERWOOD - SPARROWS PT.					
RESERVED FOR INK. Every item please write the cau	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	of DEATH  diaplyagmalidabees  ated duodend ulce					
MARGIN UNFADING Physicians:		telectaria of each lung.					
100	19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPER  19d. de, /9 (3)  21d. ACCIDENT WAS UNDER.  21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., about ho	n or 21c. WHERE DID (If in Baltimore City, give exact location)					
LY, WITE	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., CAUSE OF DEATH  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  The work of the contribution o	ED 21F, HOW DID INJURY OCCUR?					
TE PL	22. I hereby certify that I attended the deceased from lag. 28, 1953, to and. 31, 1947, that I last saw the deceased alive on ay. 31, 1953, and that death occurred at 13.10 Pm., from the causes and on the date stated above.						
PLEASE WRITE correct age is epg	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TIGN, REMOVAL (Specify) 0-3-53	RY OR CREMATORY 24D. LOCATION (City, town, or or unity) (State)					
PLEA	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Wife Landow My d					
	VS 150 2-9	) 3 U					



F-420 53 7821 BALTIMORE, CITY HE	
BIRTH NO. CERTIFICATE	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Filesi, Louis	2. DATE OF DEATH AUGUST 31. 1953
S. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	Maryland  C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
St. Jos. Hosp. Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore  Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	518 S. Rappolla Street  8. DATE OF BIRTH   9. AGE (In years) If Under 1 Year   If Under 24 Hours
Male White Widowed Widowed	JAN. 26.1872 St birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PRYENTER  HOME CONSTR.	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or mnkdown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS MUS. FUNDARI SAME
DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH STIC Acidosis

	V/~ 1C.						
1! (Y)	5. WAS DECEASED EVER IN U. S. ARMED FORCES? ea, no or mnkdown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT MRS. FUNDARI	ADDRESS SAME			
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the disea injury or complication which caused deat	g., (A) Diab	OF DEATH etic Acidosis	INTERVAL BETWEEN ONSET AND DEATH			
Z	ANTECEDENT CAUSES		hydration				
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T UNDERLYING CONDITION LAST.	HE DUE TO	Emph trema				
CERTIF	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
AL O	19a. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPE	RATION	20. AUTOPSY?			
MEDIC	21A. ACCIDENT WAS UNDER.   21B. PL LYING   OR CONTRIBUTING   about home CAUSE OF DEATH	timore City, give exact location)					
_	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	R7					
100	22. I hereby certify that I attended the deceased alive on Aug. 31 19 53						
	23A. SIGNATURE		23B. ADDRESS	23c, DATE SIGNED			

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

248. DATE

HEART

SACRED

M.D. 1/100 N. Caroline Street Aug.
246. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county)

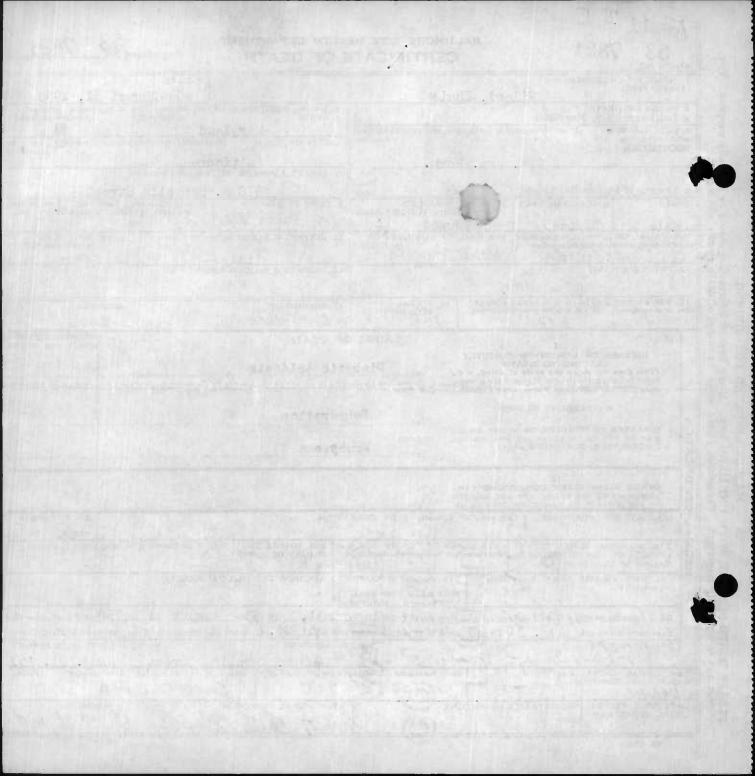
25. FUNERAL DIRECTOR

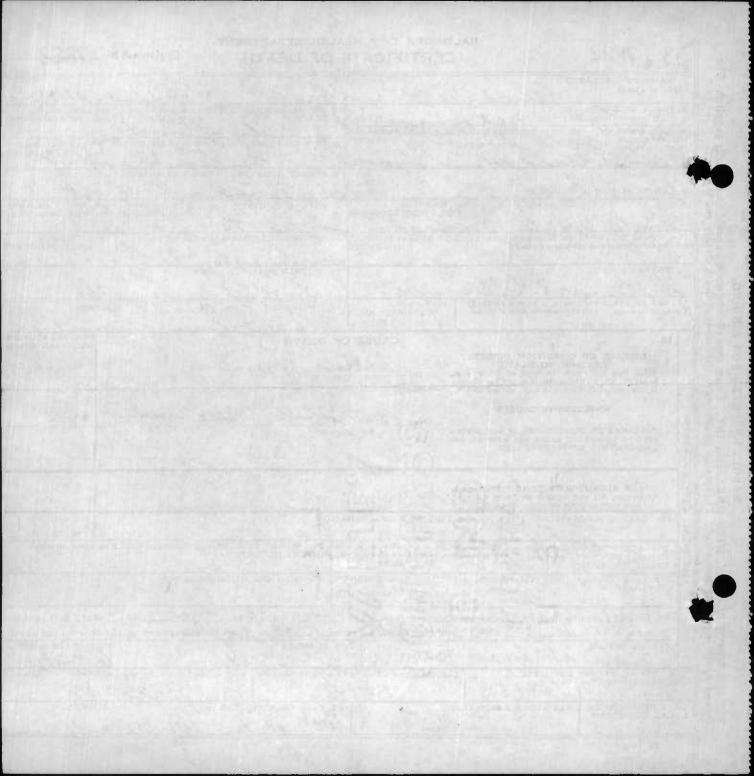
ADDRESS

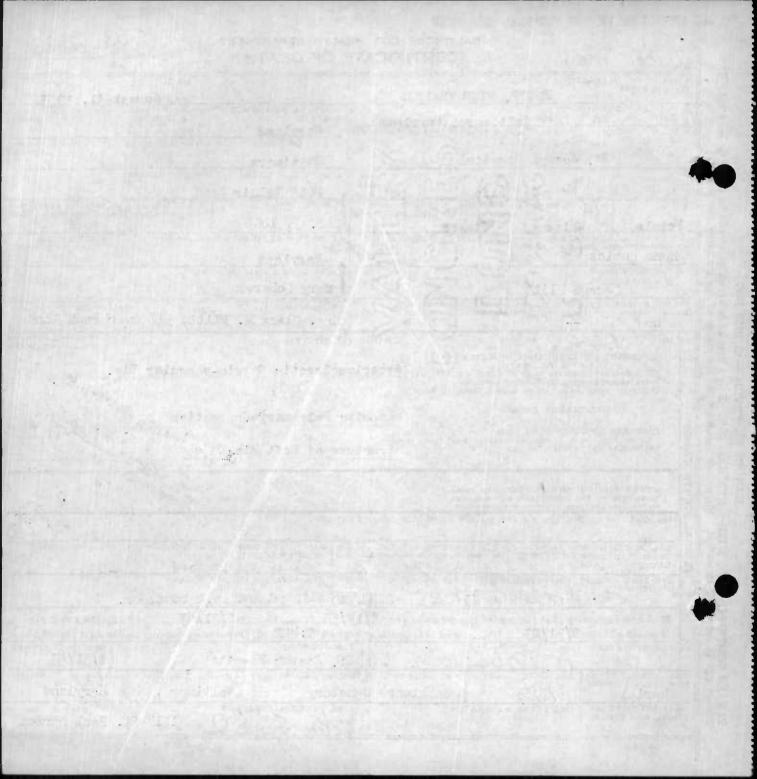
23c. DATE SIGNED

URIAL

24A. BURIAL, CREMA-TION REMOVAL (Specify)

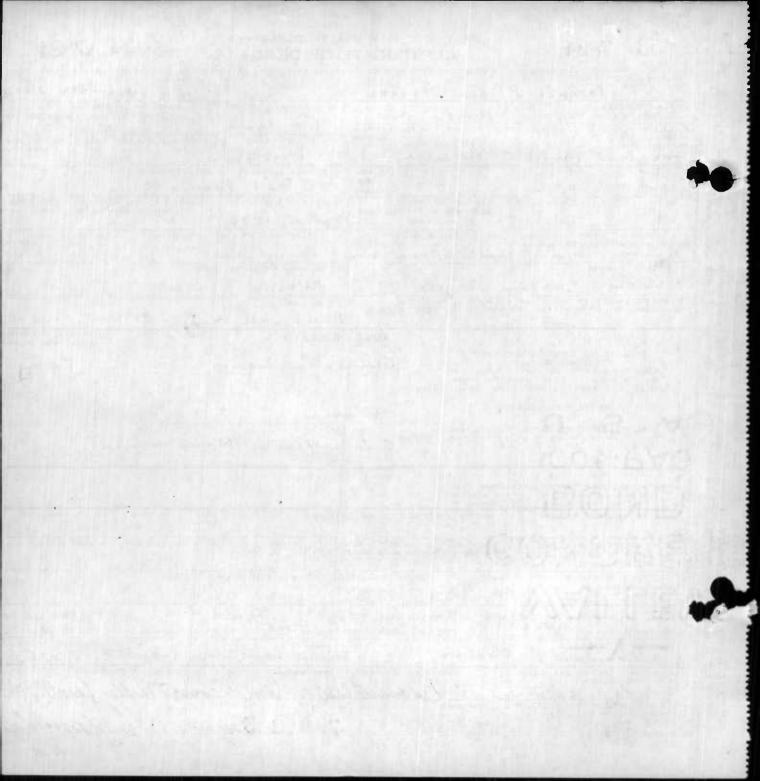






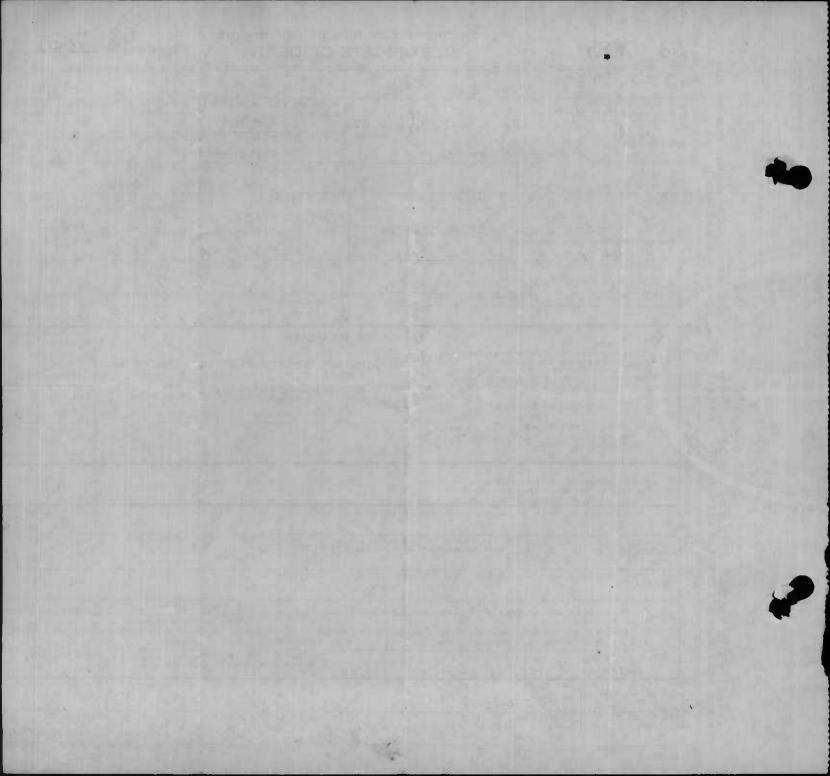
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11/	M-6	20				4			
	53	'789A	ВА		EALTH DEPARTMENT	Registered Ro	7994		
В	IRTH NO.	1064	Maria and	CERTIFICAT	E OF DEATH	Registered No			
('.	NAME OF Type or Print)	Clarence	Herbe	rt. Myers		OF Septe	mber 2,19:		
A	Baltimore	City, Maryland	Baltin	nou, End.	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution : residence before admission		
H	OSPITAL OR	OF (If not in h	ospital or instit	ution, give street address or location)		outside cornorate limits	write RURAL and give		
11	maryla	nd gene	ral H	ospital	Westmini	s ter	township		
P	Length of	stay in Baltimo		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)			
1200	. SEX	6. COLOR OR RA	ACE   7. SING	Days LE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years   # Un	der 1 Year   If Under 24 Hours		
	M	W	h	WED, DIVORCED (Specify)	Syt. 15, 1877	last birthday) Mont	hs Days Hours Min.		
10 wor	Busine	t of working life, even if re	tired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	WHAT COUNTRY		
11	B. FATHER'S	NAME	100,000	7000	14. MOTHER'S MAIDEN NA	AME	1		
11	tvillian			rzers	Riberca Bo	inkart	V		
(Ye	5. WAS DECEAS	SED EVER IN U.S. A	RMED FORCES? r dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS		
-					Mrs. Russell In	yns 85 W	INTERVAL BETWEEN		
	18. 420.0 CAUSE OF DEATH								
	LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) Broncho prumonia, Bil.								
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES								
Z	DISFASE	DISEASES OR CONDITIONS, IF ANY, GIVING							
ATIO	RISE TO	THE ABOVE CAUSE	(A) STATING		is seles tie 14	east Drivar			
IC/	194/	25.00		(C)					
ERTIFIC	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED								
Ü	TO THE	DISEASE OR CONDI	TION CAUSING	tT	PATION		20. AUTOPSY?		
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION						YES NO		
EDICA	21A. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., etc.)   21C. WHERE DID   1NJURY OCCUR?								
Σ	21D. TIME	(Month) (Day) (Y	Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY  MHILE AT NOT WHILE  MORK AT WORK								
,	22. I hereby certify that I attended the deceased from ang. 29, 1953, to 3-pt. 2, 1953, the								
	deceased alive on 3.4. 2, 1953, and that death occurred at 7:30 pm., from the causes and on the date stated above								
		Periana P.	3. Casti	M. D.	Maryland Gmu	al Hopelas	23c. DATE SIGNED		
	4A. BURIAL,		TE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LO	OCATION (City, town, or	county) (State)		
1	Duria	Xest	-5195	3 Messant	Jelley Cem He	sount Valley	Carroll Cm		
L	OCAL REGIS	TRAR REGISTE	RAR'S SIGNAT	TURE	25. FUNERAL DIRECTOR	0	DRESS		
5	VS 150	3	major.	LIKEWAR DUK	1 Si Bry	No. L. M.	nunda		
11	V3 150		6		//	-	- I		



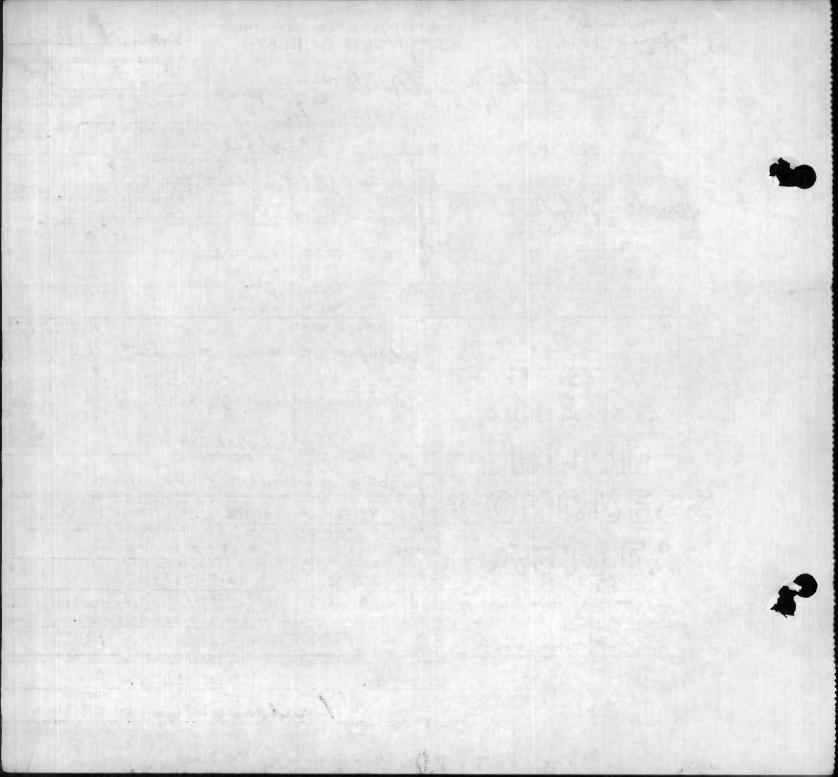
	M-600		
ø	FO WOOM	ATE OF DEATH  Registered No.	, 7825
NDING information should be carefully supplied. The s of death clearly and legibly.	1. NAME OF DECEASED (Type or Print)  LEO JOHN MEYER  3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address to the control of the contr	2. DATE DEATH September of DEATH	ember 1, 1953 nstitution: residence before admission)
MARGIN RESERVED FOR BINDING UNFADING INK. Every item of inform Physicians: please write the causes of de	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	SE OF DEATH  promary artery disease with recent	ONSET AND DEATH
PLEASE WRITE PLAINLY, WITH UN correct age is especially important. Phy	TO THE DISEASE OF CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. MAJOR FINDINGS OF CONDITION  21A. EXTERNAL CAUSE WAS UNDERLYING OF CONTRIB.  UNDERLYING OR CONTRIB.  21B. PLACE OF INJURY (Sebout home, farm, factory, street, office under the condition of Death.)  21b. TIME (Month) (Day) (Year) (Hour)  21c. INJURY OCC WHILE AT NOT WORK AT W  22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural conditions.)	URRED 21F. HOW DID INJURY OCCUR?  VHILE OF Autopsy Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the causes and autopsy accident , suicide , homicide , un assistant medical examiner.  M.D. MEDICAL INVESTIGATOR  A A CORRECT OR CREMATORY 24D. LOCATION (City, town, or CROSS A A CORRECT OR CREMATORY)	thereon and from day stated above, determined DATE SIGNED pt. 1, 1953

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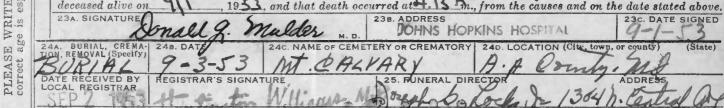
E-363	×					
	EALTH DEPARTMENT 53 E OF DEATH Registered	7826				
1. NAME OF DECEASED (Type or Print)	2. DATE OF C	W 3 (05-3				
3. PLACE OF DEATH: A. Baltimore City, Maryland 1000 Caton ane.	4. USUAL RESIDENCE (Where deceased lived.	f institution; residence				
B. FULL NAME OF (If not in hospital or institution, give street address or hospital OR	Md. Churc	hyorgunal				
Institution Tenkins Memorial Hosp	c. CITY OR TOWN (If outside corporate lin	nits, write BURAL and give township				
Yes. Mos.	D. STREET ADDRESS (If rural, give location)	(000				
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years)	If Under 1 Year   If Under 24 Hours				
WIDOWED, DIVORCED (Specify	8-6-1881 12 zno	Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY				
Supt.(rtd) Elec. Power	Washington, D. C.	1 015. A				
George T. Edwards	Wini Ened Kealy					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nuhlnown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS				
no l		Nard S				
DISEASE OR CONDITION DIRECTLY						
(This does not mean the mode of dying, e.g., (A) Hyper elements						
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
antecedent causes confestive lest feilue.						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	amoun Covernor	na				
OTHER SIGNIFICANT CONDITIONS CON-	. 0					
TRIBUTING TO THE DEATH, BUT NOT RELATED  O TO THE DISEASE OR CONDITION CAUSING IT.	the mose.					
19A, DATE OF OPERATION - 1 19B, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21b. PLACE OF INJURY (e. g., about bome, farm, factory, street, office bldg.,		give exact location)				
5						
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from	ly / 19 53 to Sept. 2 19.	53, that I last saw the				
deceased alive on 197. 19 33, and that death occurred at 6:10 Hm., from the causes and on the date sto						
23/ SIGNATURE Oclote M.D. M.D.	9. The Hon-ful	3-2-3				
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, tow	n, or county) (State)				
Removal 9/2/53 Mt. Olivet		D. C.				
LOCAL REGISTRAR SEP	The work of the state of the st	MODRESS				
VS 150	De Batto	7 Mid.				

The second secon TITADO NO ETA LERA SEO 11-416 BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTHING 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH S. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased in If institution: residence A. Baltimore City, Maryland B. COUNT before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) OR TOWN (M outside corporate limits, write RURAL and give carefully INSTITUTION township) JOHNS HOPKINS HOSPITAL Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Davs be 6. COLOR R BACE 7. SINGLE, MARRIED, WIDQUED, DIVORCED (Specify) 9. AGE (In years) M Under 1 Year 8. DATE OF BIRTH last birthday) Months Days Hours Min. should 187 widowed OA. USUAL OCCUPATION (Givekindof, 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork donoduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? information housewife at home Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Molly Sterling George Sterling 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (if yes, give wer or dates of service) 16. SOCIAL of 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. of JOHNS HOPKINS HOSPITAL INTERVAL BETWEEN CAUSE OF DEATH and E item cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e.g., te heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ears DISEASES OR CONDITIONS, IF ANY, GIVING ERTIFICATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO ADING UNFADING Physicians: (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING . TO THE DEATH BUT NOT RELATED TO THE DIAbetes and Fracture Rt. Femur DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? WAS PERFORMED Frac. R+ femur 31 Ava 1953 CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., eto.) INJURY, OCCUR DEATH (NOTIFY MEDICAL EXAMINER) nome Cristfield AINLY 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE especially gave away Q . m. WORK 210-, 19-19 that I last saw the 22. I hereby certify that I attended the deceased from\_ RITE deceased alive on and that death occurred ate P. m., from the causes and on the date stated above. BOHNS HOLLING 234. SIGNA 13CDATE SIGNED 3 M. D. 24A. BURIAL. CREMA 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (3) TION, REMOVAL (Specify) 3 correct Burial Crisfield Asbury Cem. V DATE RECEIVED BY ADDRESS 25. BUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

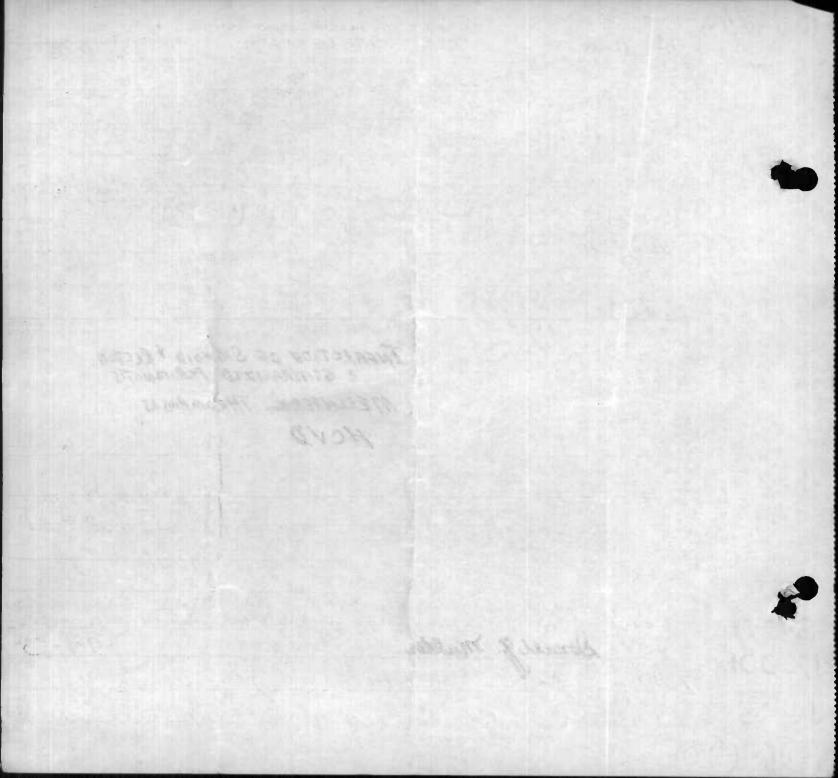


250	BALTIMORE CITY HEALTH DEPA	RTMENT			
33 7828 BIRTH NO. 7828	CERTIFICATE OF DEA	ATH Registered No. 7828			
1. NAME OF DECEASED (Type or Print)	rapid Geram	2. DATE OF DEATH 201 1.1953			
3. PLACE OF DEATH: A. Baltimore City, Maryland JOH! B. FULL NAME OF (If not in hospital	VS HOPKING HOSPITAL A. STATE	B. COUNTY before admission)			
HOSPITAL OR HOPKIN	or institution, give street address or location)  C. CITY OR TO	OWN (If outside corporate limits, write RURAL and give township)			
3-5	Yrs. D. STREET AD	DRESS (If rural, give location)			
5. SEX   6. COLOR OR RACE   :	Days   7. SINGLE, MARRIED,   8. DATE OF B				
OA. USUAL OCCUPATION (Give kind of		last birthday) Months Days Hours Min.			
lone during most of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY	CE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	14. MOTHER'S	MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED F Yes, no or unknown) (If yes, give war or dates o	SECURITY NO	7.22.11200			
No. 570 ×	CAUSE OF DEATH	PKINS HOSPITAL			
DISEASE OR CONDITION DE	RECTLY	ONSET AND DEATH			
(This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau	dying, e.g., (A) INFARCTION (b) the disease, sed death.) DUE TO E GENERA	OF SIGMOID & RECTUM			
ANTECEDENT CAUSE	MESENTEPIC	THROMBOSIS			
DISEASES OR CONDITIONS, IF / RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	7///6/2019				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
J WA	T	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II			
21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	HERE DID (If in Baltimore City, give exact location) Y OCCUR?				
210. TIME (Month) (Day) (Year) (FOF INJURY	Iour) 21E. INJURY OCCURRED 21F. HO	OW DID INJURY OCCUR?			
22. I hereby certify that I atter	aded the deceased from 831,1	53to 9 1 , 1953 that I last saw the			
deceased alive on	1934, and that death occurred at 1.15	m., from the causes and on the date stated above.			

(State)



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### BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE CORRECTE

	53	7829
Registered	No	1000

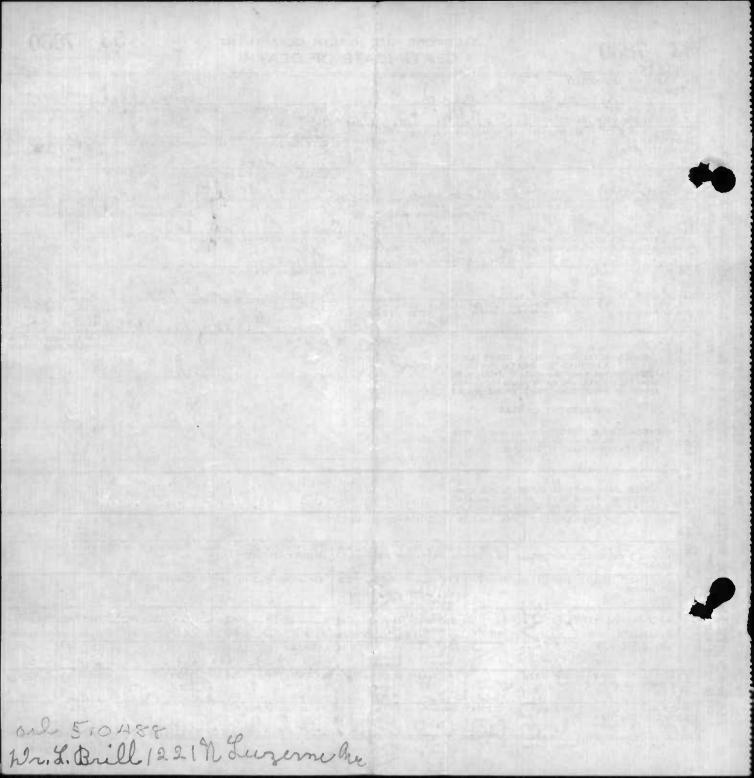
Balto.

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Jane Tydings Sept. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland Baltimore B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF c. CITY OR TOWN (If outside corporate in its, write RUFAL and give 1289 William St. Baltimore D. STREET ADDRESS (If rural, give location Yrs. Mos. 1289 William St. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 7. SINGLE, MARRIED.
WIDOWED, DIVORCED (Specify) B. DATE OF BIRTH 1865 9. AGE (In years last birthday) Months; Days Hours! Min. white widowed 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUS ewill e INDUSTRY WHAT COUNTRY Ireland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George McDowell Sarah McDowell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Mrs. Ida Rudolph 1289William St. none none NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL mportant. NO 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from - lan-192 that I last saw the 53 19\_ , and that death occurred at deceased glive on. m., from the eauses and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CRENA-24B, DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Sept. 1955 New Cathedral Emederick Rd. Ral DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR FUNERAL HOME 1216S. CHARLES



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	fully supplied.	
MARGIN RESERVED FOR BINDING	ITE P. Y. WITH UNFADING INK. Every item of information should be fully supplied. The	sespect of Important. Physicians: please write the causes of death clearly and leg dy.
MARGIN RI	UNFADING II	Physicians: ple
	LY, WITH	3 Important.
	ITE P.	s especi

The	53 7830  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered	53 7830 No.
supplied. T	1. NAME OF DECEASED (Type or Print)  3. PLACE OF DEATH:  A. Baltimore City, Maryland 152 11. Maryland 152 11. A. STATE  B. COUNTY  A. STATE  B. COUNTY  C. CITY OR TOWN  (If outside corporate in	If institution: residence before admission)
d be and leg, 'y.	c. Length of stay in Baltimore Modelle Market Mos. Days  5. SEX   6. COLOR OR RACE   7. STHOLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)	township)
information should s of death clearly as	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)  Work done during most of working life, even if retired)  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY
item of	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yee, no or unknown) (If yee, give war or dates of service)  18. 1928  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	979 Milton Interval Between ONSET AND DEATH
INK. Every please write th	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	3
UNFADING Physicians: p	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	64
LY, WITH Important.	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or LYING OR CONTRIBUTING   about home, farm, factory, street, office bidg., etc.)   INJURY OCCUR?  210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?	20. AUTOPSY? YES NO , give exact location)
RITE Pr. is especies	deceased alive on 19 and that death occurred at 17 cm., from the causes and on 23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
PLEASE WRITE correct age is esp	24A. BURIAL, GREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town TION, REMOVAL (Spacify) 24D. LOCATION (City, town TION, REMOVAL (Spacify) 24D. LOCATION (City, town TION, REMOVAL (Spacify) 24D. LOCATION (City, town TION, REMOVAL (Spacify) 24D. LOCATION (City, town TION, REMOVAL (Spacify) 25D. FUNERAL DIRECTOR 25D. LOCATION (City, town TION, REMOVAL (Spacify) 24D. LOCA	on, or county) (State)  ADDRESS
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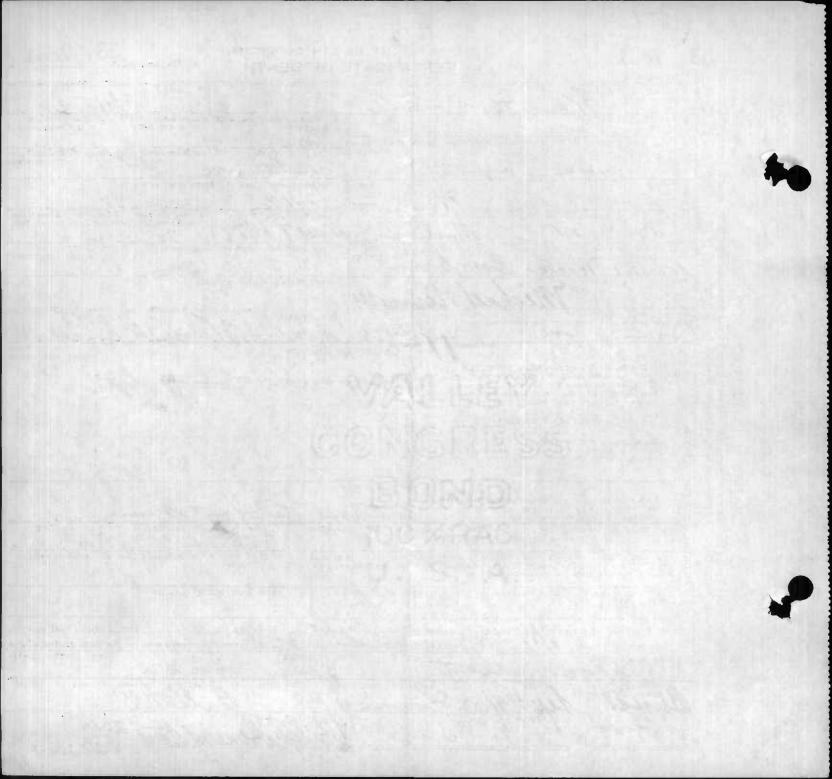
B 7831	ALTIMORE CITY HEALTH DEPA	TH Registered No.					
BIRTH NO.	CERTIFICATE OF DEA	TH Registered No.					
1. NAME OF DECEASED (Type or Print) Wermuth	Conrad	2. DATE OF DEATH 9/1/53					
3. PLACE OF DEATH: A. Baltimore City, Maryland		SIDENCE (Where deceased lived, if institution; residence b. COUNTY before admission)					
	ution, give street address or location	1 2					
INSTITUTION Sinai Hospe	tal Bal	timore ( township)					
c. Length of stay in Baltimore	74 Yrs. D. STREET AD	DRESS (If rural, give location)					
5. SEX   6. COLOR OR RACE   7. SING		RTH 9. AGE (In years) If Under I year If Under 24 Hours last birthday) Months; Days Hours; Min.					
79 10 2	sarried may !	1879 74					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  156estos Worker	ND OF BUSINESS OR INDUSTRY 2. S	CE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME 2500	14. MOTHER'S	MAIDEN NAME					
Michael	Mermouth	?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMAN	Manual ADDRESS 3					
18. // 2 ×	CAUSE OF DEATH	INTERVAL BETWEEN					
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH					
LEADING TO DEATH (This does not mean the mode of dying, e		of lung let !					
heart failure, asthenia, etc. It means the dise injury or complication which caused dea	ase,						
ANTECEDENT CAUSES							
Z DISEASES OF CONDITIONS IS AND SWIP	DISEASES OR CONDITIONS, IF ANY, GIVING						
RISE TO THE ABOVE CAUSE (A) STATING	UNDERLYING CONDITION LAST.						
O CHEETING CONDITION EAST.	(C)						
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.  UNDERLYING CONDITION CONTRIE  OTHER SIGNIFICANT CONDITIONS CONTRIE	RUTING	1/ 1					
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.		Heart Disease					
19A. DATE OF OPERATION 19B. CONT	DITION FOR WHICH OPERATION FORMED	IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN PART I OR PART II					
		HERE DID (If in Baltimore City, give exact location)  Y OCCUR?					
21D TIME (Month) (Day) (Year) (Hour) OF INJURY	OF INJURY WHILE AT NOT WHILE						
	22. I hereby certify that I attended the deceased from angust, 1953, to 9/1/, 1953 that I last saw the						
deceased alive on 2 1 19	and that death occurred at	In., from the causes and on the date stated above.					
23A. SIGNATURE	M. D. 238. ADDAESS	Hospital 23c. DATE SIGNED					
240 BURIAL CREMA- TIO REMOVAL (Specify)	24c. NAME OF CEMETERY OR CREMATO	RY 240. CATION (City, town, o county) (State)					
DATE RECEIVED BY REGISTRAR'S SIGNA	TURE 1 2 FINERAL	DIRECTOR ADDRESS					

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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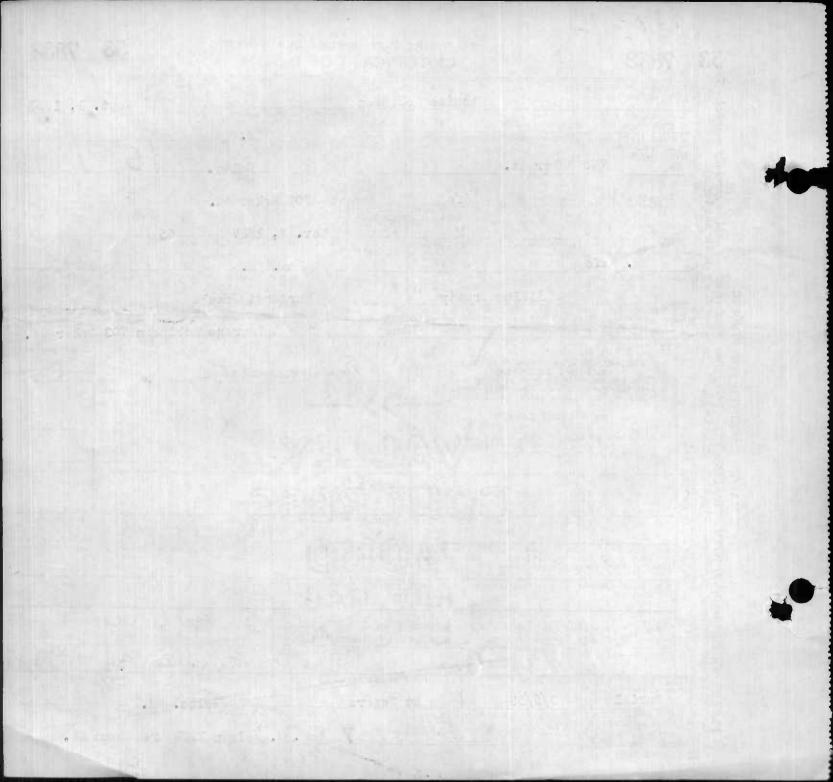


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# CERTIFICATE OF DEATH

Registered 53_	7832
Registered No	

BIRTH NO.										
=	1. NAME OF DECEASED 2. DATE									
	(Ту	pe or Print)		Lou	ise Robinson			OF DEATH	Sont 7	7052
1		B. PLACE OF DEATH:  A. Baltimore City, Maryland				4. USUAL RESI	DENCE (W	here deceased lived B. COUNTY	l. If institution : befo	residence re admission)
-	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)			c. CITY OR TOW	Md. /N (lf	outside corporate	mis, yri e (i)	RAL and give		
	IN	703 Baker St.				Bal to	. 15	, 01	township)	
1	-	Yrs.			D. STREET ADD		rural, give location	)		
	_	c. Length of stay in Baltimore Life Mos.			703 Ba	ker St.	9. AGE (In years	I Williams I Voye	If Under 24 Hours	
	5.	SEX	6. COLOR OR RACE		E, MARRIED. ED, DIVORCED (Specify)	B. DATE OF BIR	I PI	last birthday)	Months Days	Hours Min.
		F	C	M		Nov. 7	1887	65		
			CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY			reign country)	12. CITIZI WHAT USA	COUNTRY?
-	13	FATHER'S N				Balto 1	Md.	AME		
				m						
-	15	WAS DECEASE		In Trus	16, SOCIAL		et Jaco	bs	1000000	
	(Yes	, no or unknown)	ED EVER IN U.S. ARMET	of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
.		No			None		Laurens	Robinson	703 Bake	AL BETWEEN
		18. 422	2.2		CAUSE	OF DEATH			ONSET	AND DEATH
		DISEAS	SE OR CONDITION			Lyv cos	1.7		Same	al Ha
			not mean the mode of	f dying, e. g	(/3/	goes		2		
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO								
		ANTECEDENT CAUSES								
	Z	DISEASES OR CONDITIONS, IF ANY, GIVING								
	NOIL	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO								
. 1	∢	(C)								
	RTIFIC	man ette								
	E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
	Ш	TO THE	men	-a	<u> </u>		<u>.</u>			
	C		F OPERATION   1		TION FOR WHICH OF	PERATION	CAUSE C	TION WAS RELATEDED DE DEATH, ENTE		NO NO
	CA	21A. ACCIDI	ENT WAS UNDERLY	NG   218	PLACE OF INJURY (	e. g., In or 21c. WH	ERE DID	(If in Baltimore C	City, give exact	location)
	EDI		BUTING CAUSE OF		home, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?			
	Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY OCCUR?  WHILE AT WORK AT WORK								
100		22 I hanah	y certify that I at	7-7-17-	January Mann R	ean 10	53. to 5	\$ ept 1 , 1	953 that 11	last saw the
34		deceased a	line on aug 3	1953	and that death occur	rred at 10,30 5	m. from t	he causes and c	on the date st	tated above.
		23A. SIGNA		, 10,	D 2	34. ADDRESS	47		23C. DA	ALE SIGNED
			V.7.0	Very 1	M.D.	826 7	· Tre	econts !	av Be	pt 2/53
9	24	AA. BURIAL,	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATOR	RY 240. L	OCATION (City, t	town, or county)	(State)
	110	Burial	9/5/53		St Peters		D	elto. Ma		
		ATE RECEIVE	D BY   REGISTRAR	SSIGNAT		25. FUNERAL D	DIRECTOR	CIA VUS MUS	ADDRES	S
3	LC	DCAL REGIST	TRAR Tourt	with.	Vistuatura, M.	Por 30 "	7-7	1303 Pres	otmore Ct	
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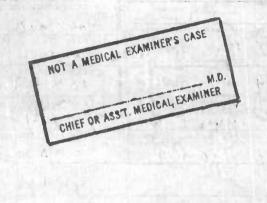
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### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No

BIRTH NO 1. NAME OF DECEASED 2. OATE (Type or Print) OF GLOVEI OEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) MARYLART B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURA) INSTITUTION Yrs. ADORESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. OATE OF BIRTH 9. AGE (In years) If Under 1 Year H Under 24 Hours last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) OMMON 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? 4 4 BIR 1101 13. FATHER'S NAME MAIOEN NAME 0 50-74 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or ooknowo) (If yes, give war or dates of service) SECURITY NO CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY RACTURE 5 Th CERVICAL VEPT. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANGING ANTECEDENT CAUSES CERTIFICATION APPROVED 01 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 EXAMINER. CHIEF OR ASST, MEDICAL OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 198, MAJOR FINOINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION important. YES DIC 21c. WHERE DIO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIOE, 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш 21E. INJURY OCCURRED DID 21p. TIME (Month) (Day) (Year) (Hour) HOW OF INJURY 22. I hereby certify that I attended the deceased from , and that death occurred at 2:18 Am., from the causes and on the date stated above, esp HUG. 28 1953 deceased alive on\_ 23A SIGNATURE 23B. ADDRESS age 24A. BUR AL, CREMATION, REMOVAL (Specify 24B. DATE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



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3		CATE OF DE		Registered N	0 7004
1.	NAME OF DECEASED ype or Print)  James Pappac Ano	elakos	2	OF DEATH	-53
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RE	SIDENCE (When		nstitution: residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street ad opportunition and strict of the street ad opportunition and street ad opportunition and street ad opportunition and street ad opportunities. It is a street ad opportunities and street ad opportunities are added to the street additional and street additional addition	cation) C. CITY OR T	OWN (If out	side corporate limits	writ RURAL and give township)
0	Length of stay in Baltimore 22 yrs.	Yrs. D. STREET A	DDRESS (If rurs Eastern, A		
5.	SEX 6.COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED Single	8. DATE OF B			Under I Year nths Days Hours Min.
	A. USUAL OCCUPATION (Give kind of 100, KIND OF BUSINESS	USTRY	CE (State or foreign	en country)	12. CITIZEN OF WHAT COUNTRY
13	Roles Poles		S MAIDEN NAME	doun	1akos
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  6. no or unknown) (If yes, give way or dates of service) SECURITY	NO. 17. INFORMA	4940 East	ofn, Ave	DDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	use of death cinoma of the arrow Metastas		with bone	INTERVAL BETWEEN ONSET AND DEATH
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CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)				
ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CAL C	19a. DATE OF OPERATION 19b. CONDITION FOR WHI WAS PERFORMED	CH OPERATION		N WAS RELATED TO DEATH, ENTER IN PART II	
ED	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	URY (e. g., in or 21C. V eet, office bidg., etc.)	WHERE DID (If	in Baltimore City,	give exact location)
N	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OC WHILE AT WORK	CURRED 21F. H	NULNI DID WOH	Y OCCUR?	
	22. I hereby certify that I attended the deceased from deceased alive on <b>8_31_53</b> , 19, and that death	occurred at 8			
		238. ADDRESS . D. 4940 Easter			8-31-53
TIC	Burnal 9-2-53 Greet	Comete	ry Wine	Sor M	ell Rd
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL	DIRECTOR	11.0 1	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

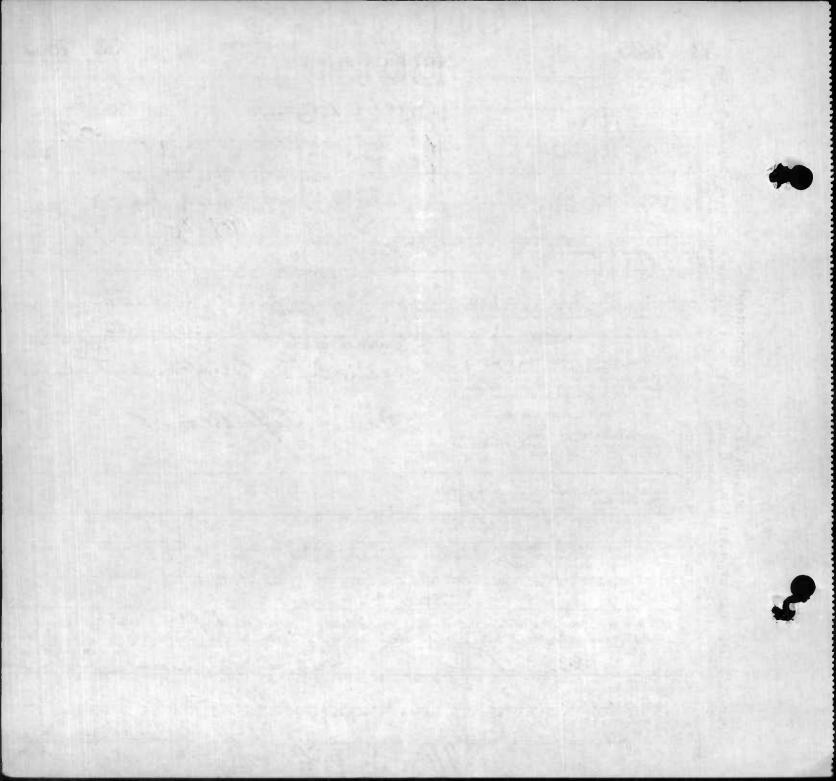
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58	7835 BALTIMORE CITY HEALTH DEPARTMENT					Posistand 5	3 7835	
T De	BIRTH NO.		CERTIFICAT	E OF DEA	ГН	Registered No.		
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ndd	3. PLACE OF D A. Baltimore (	EATH: City, Maryland		4. USUAL RESI	DENCE (Whe	B. COUNTY	titution : residence before admission)	
ns	B. FULL NAME HOSPITAL OR		al or institution, give street address of location		/N (If ou	tside corporate limitad	wite RURAL and give	
-i	A	1923 W	north and	Bull	5	15	township)	
carefu legibly.	70		Yrs. Mos.	D. STREET ADD	RESS (If run	ral, give location)	2	
le c	c. Length of s	tay in Baltimore	Days	1 8. DATE OF BIR	DY.	10MM CM	der 1 Year   II Under 24 Hours	
	7	C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif		= 1907	last birthday) Mont		
information should soft death clearly ar	10A, USUAL OC ork done during most	CUPATION (Give kind of of working life, even if retired)	Post Officer	11. BIRTHPLACE	(State or fore	mol 1:	2. CITIZEN OF WHAT COUNTRY?	
th	13. FATHER'S	VAME	0 : 00	14. MOTHER'S N	ALDEN NAM	E		
dea	and	derson	Jummons	Mary	mer	rivesth	en	
	15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARME (If yee, give wer or date	of service)   16. SOCIAL SECURITY NO.	17. INFORMANT	6/5/	ADE 1973	W. Menth	
em of	18. 17 1	V	CAUSE	OF DEATH	10 / 0/	my " Tac	INTERVAL BETWEEN	
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Ever	injury or complication which caused death.) DUE TO							
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m . II.	19A. DATE C		98. CONDITION FOR WHICH OVAS PERFORMED	PERATION		N WAS RELATED TO DEATH, ENTER IN PART II	YES NO	
LY, WITH important.	OR CONTRI	ENT WAS UNDERLY BUTING☐ CAUSE OF FIFY MEDICAL EXAMINE	about home, farm, factory, street, offi	(e. g., In or ce bldg., etc.) INJURY	ERE DID (If OCCUR?	in Baltimore City, gi	ve exact location)	
in Ex	21D. TIME	(Month) (Day) (Year)	(Hour)   21E. INJURY OCCUR	RED 21F, HOV	W DID INJUI	RY OCCUR?		
LAINLY ially imp	OF INJURY	3	m. WHILE AT NOT WE					
	22. I heret	ry certify that I we	tended the deceased from A	Deel , 19	47 to Le	12 , 1953	that I last saw the	
TE P	deceased a	live on	2, 1953, and that death occ	urred at A 2007	n., from the	causes and on the	date stated above.	
VRI	23A. SIGNA	TURE	line .	803 M	14	2000	23c. DATE SIGNED	
PLEASE WRITE P	24A. BURIAL, TION, REMOVAL (	Speciful	M. D.   24c, NAME of CEMET	ERY OR CREMATOR	Y 24D, LOC	ATION (City, town, or		
rect	Bun	at 19-5-	33 Cahita		6	Salto	mal	
COL	DATE RECEIVE LOCAL REGIST		S SIGNATURE	Samo	rel 7	Suller	and I	
9	VS 150		390 9	0 1011.	1. /2	1. ato	-at-	

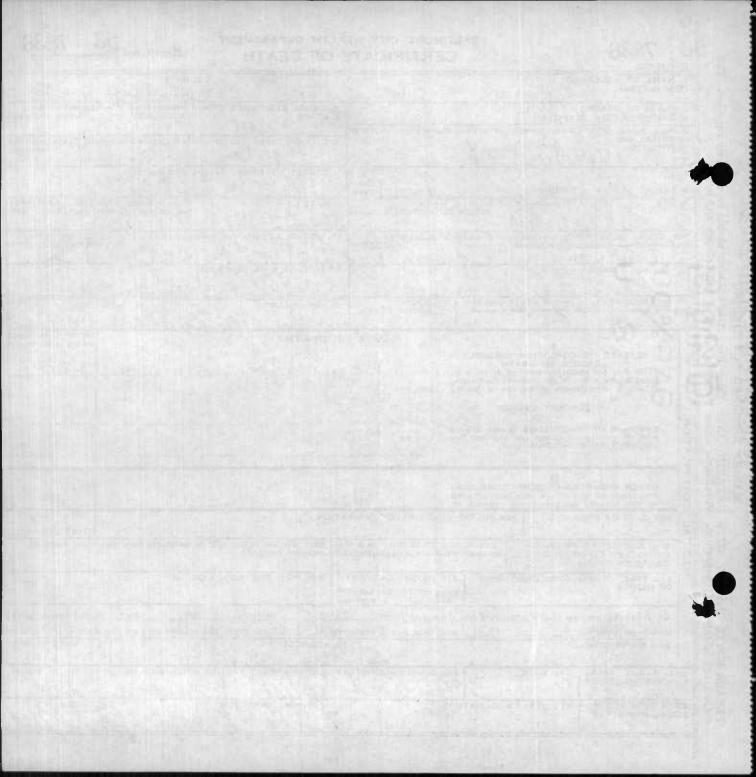


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	supplied.	
117	ully	4
MARGIN RESERVED FOR BINDING	WITH UNFADING INK. Every item of information should be could supplied. The	write the causes of death clearly and lear
RESER	INK.	please
MARGIN	UNFADING	Physicians:
	HILM	rtant.

# BALTIMORE CITY HEALTH DEPARTMENT

7836

The	ВІ	BIRTH NO.	
	1. (T	NAME OF DECEASED Type or Print)  MANN FINEL BUTTM - 2. DATE OF DEATH QUE. 3	31-53
supplied.	A.	Baltimore City, Maryland  4. USUAL RESIDENCE (Where deceased lived. W instit	
ully su	H	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OF TOWN (If outside corporate limits, A)	RURAL and give township)
	,	D. STREET ADDRESS (If yural, gire ligeation)	wownenip)
be o		Length of stay in Baltimore Days 799 BIRTH 9. AGE (In years) It Under	Year   It Under 24 Hours
a a	1	willo white WIDOWED DIVORCED (Specify) Seft 5-1873 leet birthday) Months	Days Hours Min.
on shou	worl	OA, USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR II. BETHPLACE (State or foreign country) 12. The foreign country in DUSTRY	WHAT COUNTRY?
information s of death cle	13	SVEATHER'S NAME 14. MOTHER'S MAIDEN NAME	
of d	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  6. no or unknown) (If yes, give war or dates of service)  ADDRI	95g 00 1
of i		CAUSE OF DEATH	NTERVAL BETWEEN
ry item of in		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	FUAA.
Every write th		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
	z	ANTECEDENT CAUSES	
G INK.	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	***************************************
ADING icians:	TIFIC,	(c)	
UNFADING Physicians:	CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED	3 ms
Н.	7	19A, DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Y, WITH	MEDICA	21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.)  21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.)  21B. PLACE OF INJURY (e. g., in or INJURY OCCUR?)  (If in Baltimore City, give of INJURY OCCUR?)	exact location)
P	_	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT WORK AT WORK	
TE PLA		22. I hereby certify that I attended the deceased from May, 1946, to 3 My, 1959, the deceased alive on 1969, and that death occurred at 5 7 m., from the causes and on the deceased alive on 1969, the deceased alive on 1969, and that death occurred at 5 7 m., from the causes and on the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, the deceased alive on 1969, and that death occurred at 5 7 m., from the causes and on the deceased alive on 1969, the deceased alive on 1969, and that death occurred at 5 7 m., from the causes and on the deceased alive on 1969, and the deceased alive on 196	at I last saw the
RI		23A. SIGNATURE 23B. ADDRESS 23	C. DATE SIGNED
OR I	2. TI	M. D. 13 1V 1111 W 144 A. BURIAL. GREMA- 24B. DATE 24C NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or co	
PLEASE correct a		DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. JUNEAU DIRECTOR ADI	DRESS ON A
P S	=	VS 150	lef Ina.
		V3 130	



	LY, WITH UNFADING INK. Every item of information should be careful important. Physicians: please write the causes of death clearly and legibly.
DING	iformation short
FOR BINI	y item of in
MARGIN RESERVED FOR BINDING	INK. Ever
MARGIN	UNFADING Physicians:
	LY, WITH important.

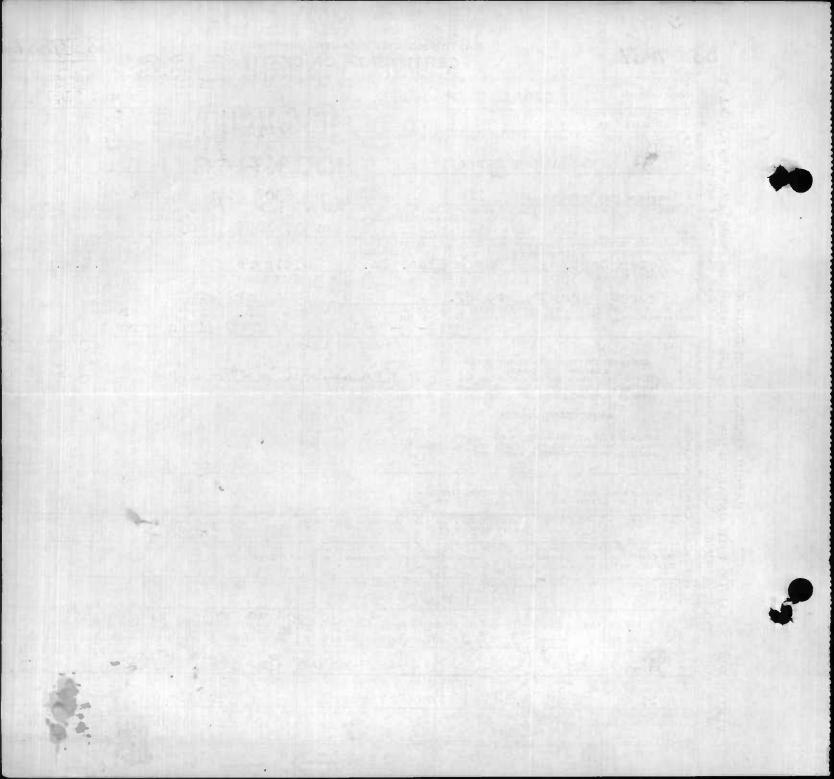
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78 BIRTH N	37			

# BALTIMORE CITY HEALTH DEPARTMENT

	53	7837
Registered	No.	1001

53 g	(	E OF DEATH Registered No
	1. NAME OF DECEASED	JR.   2. DATE OF August 31,1953
supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE Maryland B. COUNTY
lly	B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION 2307 Aiken Street	
carefu legibly.	Yrs.	D. STREET ADDRESS (If rural, give location)
	c. Length of stay in Baltimore Life Mos.	
be nd 1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif	8. DATE OF BIRTH 9. AGE (In years It Under 1 Year It Under 24 Hours 24)   Bast birthday)   Months Days   Hours Min.
uld y a	Male   White   Widowed	Nov 3, 1887   65
information should be	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Meter Dept.  IOB. KIND OF BUSINESS OR INDUSTRE Gas & Elec. Co.	Haltimore 12. CITIZEN OF WHAT COUNTRY?  Baltimore U.S.A.
atio th	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
dea	George Henry Baker, Sr.	Emma Burkhardt
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 212-05-484	17. INFORMANT Mr. Harry Baker DDRESS 2307 Aiken Street
ADING INK. Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	OF DEATH  ONSET AND DEATH  25 yrs)
UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
H II	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CAUSE OF DEATH, ENTER IN YES NO
ILY, WITH important.	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or 21C. WHERE DID (If In Baltimore City, give exact location) cebidg.,etc.) INJURY OCCUR?
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR OF INJURY  m. WHILE AT NOT WE WORK AT WO	HILE T
	22. I hereby certify that I attended the deceased from deceased alive on 22, 1953 and that death occ	1939 to Q. 31, 1953 that I last saw the curred at 7: 2 m., from the eduses and on the date stated above.
RI	deceased alive on 24, 1953 and that death oce	23B. ADDRESS 6. 33 St.   23c. DATE SIGNED 9-1-53.
E age	24a. Burial, CREMA- 24B. DATE 24d. NAME OF CEMETION, REMOVAL (Specify) Burial Sept 3,1953 New Cathe	dral Baltimore, Maryland
PLEASE correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR H. SANDER & SONS, INC.

6905E



PLEASE W HENRY SAMDER LOCAL REGISTRAR PtiMore Md VS 150 1 41082

ADDRESS

1,1953

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

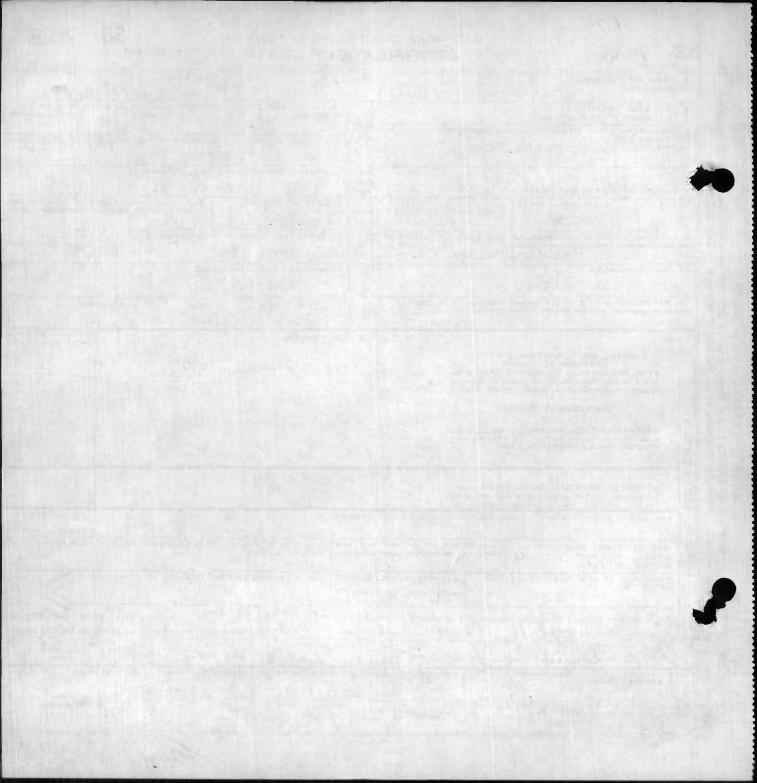
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23c. DATE SIGNED

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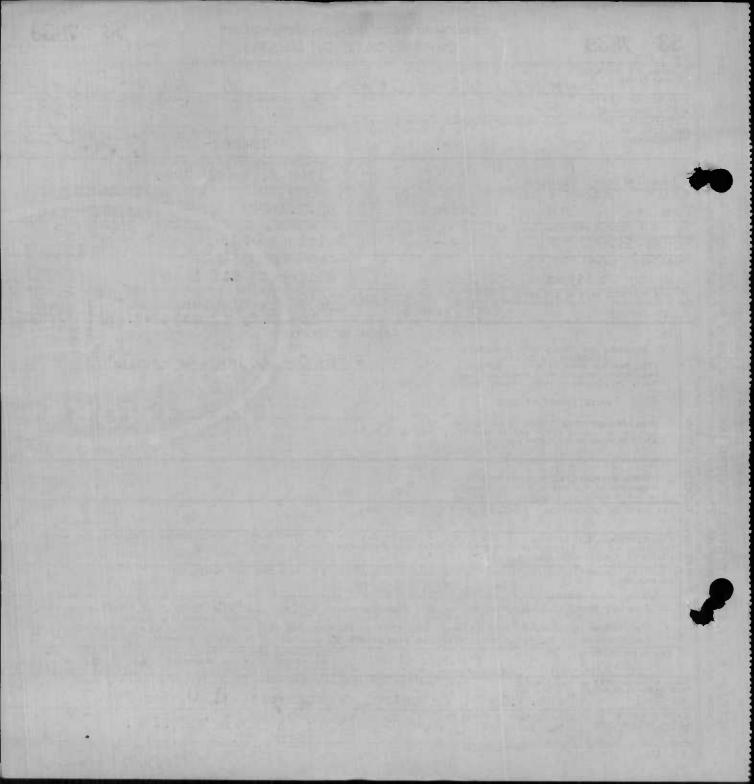
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	fully supplied.
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MARGIN RESERVED FOR BINDING	PLEASE WRITE PI Y, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is esp mportant. Physicians: please write the causes of death clearly and legistration.
REST	INK
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	WRITE ge is esp
	PLEASE correct ag

(	53 78	339		TIMORE CITY HE	EALTH DEPARTMENT	Registered :	3 7839 No. 7839
1.	NAME OF D	ECEASED	1			2. DATE	
-	ype or Print)		INA	O'CONA	I A LICITAL DECIDENCE /V	OF DEATH SEF	T. /, /953
A.		City, Maryland	al or institut	ion, give street address or	A. STATEIId.	B. COUNTY	before
	OSPITAL OR	1740 E. No	orth A	location)	c. CITY OR TOWN (If Baltimore		its, wrigh RUR. L and give township
5	Length of s	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS (If 1740 E. Nort		
-	sex emale	White		E. MARRIED. /ED. DIVORCED (Specify) WECL	8. DATE OF BIRTH Aug. 3.1874		E Ender 1 Year on the Under 24 Hours on the Days Hours Min
TO WOT	A. USUAL OC done during most OUSEWII	CUPATION (Give kind of of working life, even if retired)	108. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Baltimore Md.	preign country)	12. CITIZEN OF WHAT COUNTRY
13	B. FATHER'S				14. MOTHER'S MAIDEN N.		I USA
15		Madison ED EVER IN U. S. ARMED	FORCECE	Lie cociai	Elizabeth Wil		
(Ye	no or unknown)	(If yes, give war or date	of service)	security no.	Mrs.Frank Sieh		Balto.28Md
ERTIFICATION	(This doe heart failt injury or DISEASE RISE TO TUNDERL.	SE OR CONDITION LEADING TO DEAT s not mean the mode of ure, asthenia, etc. It mea complic. on which e  ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDITION TO THE OEATH, BUT DISEASE OR CONDITION	TH of dying, e. ; ns the disease aused death SES  F ANY, GIVIN STATING THE ST.  TIONS CONNOT RELATE	(B)	FBRD - VAS CO	JEAR Acciù	ONSET AND OBAT
U	19A, DATE C	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPER	ATION		YES NO X
EDICAL	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21s. PLACE OF INJURY (e. g., in or UNDERLYING OR CONTRIB. about home, farm, factory, street, office bidg., etc.) INJURY OCCUR?						give exact location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?	
J.	22. I ccrti	fy that I took char	ge of the	remains described a	bove, held an	ection + inqu	iRXhereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on and death in my opinion resulted from: natural causes $\mathbb{R}$ , accident $\square$ , suicide $\square$ , homicide $\square$ ,							he day stated above
	234 SIGNA 4A. BURIAL. ON, RÉMOVAL (S UTIAL	esh (1.		24c. NAME OF CEMETE	238. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. L.	OR	•
D.	ATE RECEIVE	D BY   REGISTRAR'S	SSIGNATU	RE	25 FUNERAL DIRECTOR HENRY SANDER & Baltimore Md.		ADDRESS
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-	53	7840		ВА		HEALTH DEPARTMENT	Registered T	3 7840	)	
1	BIRTH	NO. ME OF DECEA	NCED.		CERTIFICA	TE OF BEATH				
1		or Print)		arv A.	Donnelly		2. DATE OF DEATH Sept.	1. 1953		
1	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore					4. USUAL RESIDENCE	Where deceased lived. If	institution: residen-		
	B. FUL	L NAME OF		tal or institu	tion, give street address	Maryla	ind	01		
		TUTION	905 E.	Presto		C. CITT OR TOWN	If outside corporate limit	s write BURAL and town	d give nship)	
					Yrs	D. STREET ADDRESS (I				
		gth of stay i			Mos Day		eston St			
	5. sex		hite		E, MARRIED, VED DIVORCED (Specif NG 16	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	f Under f Year If Under 2- onths Days Hours	4 Rours Min.	
	10A. U. wnrk done	SUAL OCCUPA during most of work Retired	ATION (Give kind of lng life, even If retired)		of Business or INDUSTR in store	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUN	TRY	
	13. FA	THER'S NAME				14. MOTHER'S MAIDEN	NAME			
			n F. Donn			Mary A.	Mary A. Mathews			
	(Yes, no o	or unknown) (If	ER IN U. S. ARME	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1,551,200			
	18.	4221	<u> </u>		CALLE	OF DEATH	5 E. Preston	INTERVAL BETY	WEEN	
CATION	ION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A)  (B)  (B)  (C)  (C)  (C)				eralish ly Co	erosos po obliteros	yrans	200 7	
	ш	I TRIBUTING TO THE DEATH, BUT NOT RELATED WILLIAM COMP PORT IN WIND					8 Men	di		
	19A	19A. DATE OF OPERATION 19B MAJOR FINDINGS OF OPERATION					20. AUTOPS	[]		
	HI LY	A. ACCIDENT ING OR COL USE OF DEAT	WAS UNDER- NTRIBUTING	21B. PL. about bome,	ACE OF INJURY (e. g. farm, factory, street, office bldg	in m 21c. WHERE DID	(If in Baltimore City, a	give exact location)		
	OF	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK								
7	22.	22. I hereby certify that I attended the deceased from 1943, 19, to lig 3/53, 19, that I last saw the deceased alive on 112, 1955, and that death occurred at 1205 m., from the causes and on the date stated above						v the		
	23A	ceased alive of	en 1 de	,1955,	Cha M. D.	urred at 1205 m., from 23B. ADDRESS	the causes and on the	he date stated at	NED	
	24A. E	BURIAL, CREMA EMOVAL (Specif)	245. DATE	0	()	ERY OR CREMATORY 24D.		or edanty) (St	tate)	
		Burial RECEIVED BY	Sent 3.	1953	Cathedral	128 FUNERAL DIRECTOR	Baltimore	ADDRESS		
	LOCAL	REGISTRAR	REGISTRAR	Luglov	Velliame	25. FUNERAL DIRECTOR	a 900 E. Bidd	ADDRESS le St		

THE PERSON AND ADDRESS OF MARKET AND ADDRESS OF THE PERSON

MARGIN RESERVED FOR BINDING	WRITE PL/ Y, WITH UNFADING INK. Every item of information should	e causes of death clearly an
ESERVED F	INK. Every	lease write th
MARGIN R	UNFADING	Physicians: pl
(	Y, WITH	- mportant.
	WRITE PL'	e is espe

The	5	B-623 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH Regist	53 7841 ered No.		
	(T	NAME OF DECEASED (Type or Print)  Jennie Brocato.	2. DATE OF DEATH	8/31/53		
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased In A. STATE B. COUN			
sal	В.	FULL NAME OF (If not in hospital or institution, give street address or	Md.			
ully y.		NOTITUTION	C. CITT OR TOWN (II outside corpor	te limits, write RURAL and give township		
ZA	1	1744 Carswell St.	Baltimore  D. STREET ADDRESS (If rural, give located)	dam's		
e d legr		Length of stay in Baltimore 50yrs. Mos. Days	1744 Carswell St.			
should be cearly and legi	5.	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In you last birthday 78	ears     Under   Year     Under 24 Hours ay)   Months Days   Hours Min.		
rmation shou	10 worl	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  Italy	12. CITIZEN OF WHAT COUNTRY		
tio th	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0000000		
information s of death cl		Joseph Carrara	not known			
of of	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT	ADDRESS		
of in	(		John Brocato 1744 Cars	swell St.		
Every item of i			of DEATH 10-Vascular Accident	INTERVAL BETWEEN ONSET AND DEATH		
-	ANTEGEDENT CAUSES Hupertension					
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING					
pld	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO V					
ADING icians:	ICA	(C)		***************************************		
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	U	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
WITH rtant.	DICAL			YES NO		
Y, WITH mportant.	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH  21B. PLACE OF INJURY (e. g., in or boout home, form, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?					
	2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?			
1		m. WHILE AT NOT WHILE				
II.	A	22. I hereby certify that I attended the deceased from A	10.31 ,1953 to	, 19, that I last saw th		
TE	deceased alive on 1931, 1932, and that death occurred at 5.10 m., from the causes and on the da					
RI		23A. SIGNATURE 2	38 ADDRESS Hondard By	23 DATE SIGNED		
age A	24	4A. BURIAL, CREMA- 24B DATE 24C. NAME OF CEMETE	RY OR CREMATORY   2.40. LOCATION (City	, town, or county) (State)		
ASI ct	B	on, REMOVAL (Specify) 9/ 4/ 53 Parkwood	Baltimore	Md.		
PLEASE W.	D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		
	-	VS 150	gagnes Tatyman 10	21 Brownship		
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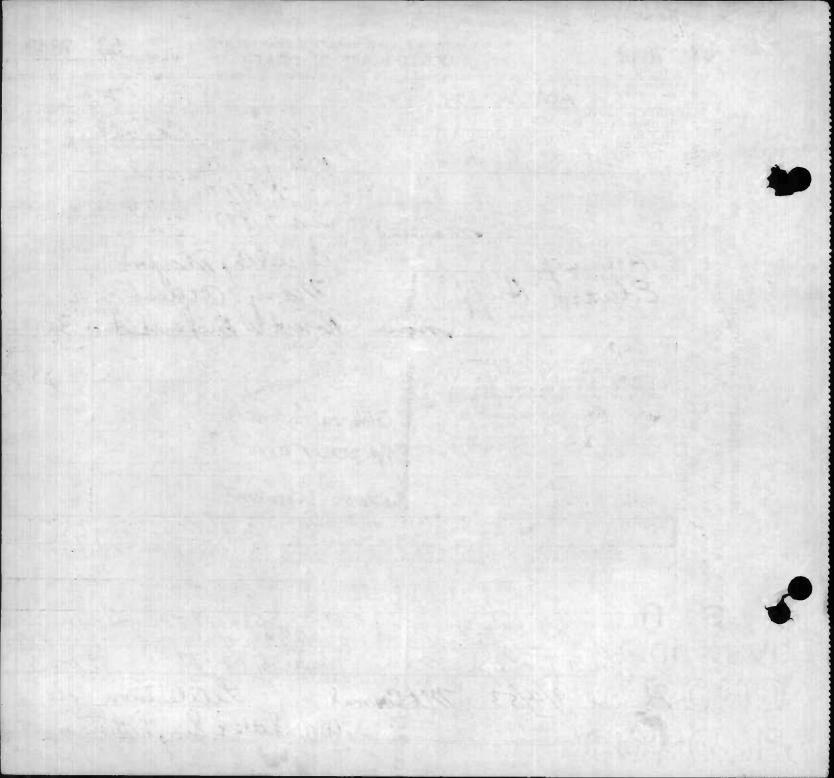
2851 Hayford and

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### BALTIMORE CITY HEALTH DEPARTMENT

72/19

The	1	RTH NO.		CERTIFICAT	E OF DEATH	Registered No.	1092
d be carefully supplied. Ti		NAME OF DECEASED		DICKENSHEET	J	2. DATE OF DEATH 9-2-	-53
	Α.	PLACE OF DEATH: Baltimore City, Mar	yland	ation, give street address or	4. USUAL RESIDENCE	(Where deceased lived, If inst	itution: residence before admission)
		STITUTION UNIVE		location)	C. CITY OR TOWN	(If gutside corporate limits, w	rite RURAL and give township)
	Yrs. Mos. c. Length of stay in Baltimore Days				D. STREET ADDRESS (If rural, give location)		
	-		OR RACE 7. SINGL	LE, MARRIED, WED, DIVORCED (Specify)	Sure 7,189	9. AGE (In years lithing last birthday) Month	or I Year If Under 24 Hours S Days Hours Min.
n should clearly ar	10 work	A. USUAL OCCUPATION done during most of working life,		ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country) 12	CITIZEN OF WHAT COUNTRY?
atic	13	. FATHER'S NAME	to the	/	14. MOTHER'S MAIDEN	NAME JOHN	110
BINDING of information uses of death cle	15 (Yes	. WAS DECEASED EVER IN (If yes, gi	U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17 NFORMANT	y) la 1 200	RESS
BI of tuse		18. 442%		CAUSE	OF DEATH	recommend	INTERVAL BETWEEN ONSET AND DEATH
FOR y item	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO						•
RESERVED INK. Every							
RESER INK.	NO		ENT CAUSES DITIONS, IF ANY, GIV	(B) Glom	eruloscletosis Engue c.v.A		
IN RI NG I	CATI	RISE TO THE ABOVE UNDERLYING CON	CAUSE (A) STATING	(C) HYER	BNYVE C.V.A		
MARGIN F UNFADING Physicians: p	RTIF		II CONDITIONS CONTRIE	BUTING ALCHAN	s syndhome		
M UN Phy	CE	DISEASE OR CONDITI	TION 198. CONT	DITION FOR WHICH O	PERATION   IF OP	ERATION WAS RELATED TO	20. AUTØPSY1
VITE cant.	EDICAL	21A. ACCIDENT WAS	WAS PERF	ORMED	PART	OF DEATH, ENTER IN I OR PART II	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
ILY, WITH	MED	OR CONTRIBUTING DEATH (NOTIFY MEDIC	CAUSE OF abou	at home, farm, factory, street, office		27	
PLAINLY,		21D TIME (Month) (I OF INJURY	Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHI	LE	INJURY OCCUR?	
9	22. I hereby certify that I attended the deceased from 8-10 1933 to 9-2, 1937, that I is						hat I last saw the
RI	ľ	deceased alive on 1	PIN	and that death occu	23B. ADDRESS.	1 + 1.1	9-2-53
田 ぬ	2. TI	BURIAL, CREMA 2 ON, REMOVAL (Specify)	4B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (City, town, or	
PLEASE correct a	D.	ATE RECEIVED BY ROCAL REGISTRAR	EGISTRAR'S SIGNAT	Mt-Corm	25. FUNERAL DIRECTO	OR O P	DDRESS
що	B 4	SEP 2 1943 '	Junting 51	S. M. S. S. S.	y with	8- Dony fellis	own .
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The	E SB		EALTH DEPARTMENT  E OF DEATH  Registered No.	3 7843
- 50		NAME OF DECEASED  ype or Print)  CATHERINE ELDER	2. DATE OF DEATH 8-31	-53
supplied.	IA.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If in a. STATE B. COUNTY Marvland	nstitution: residence before admission)
ully si	H	Jenkins Memorial Hospital 1000 Caton Ave Balto. Md.		writy (d) RAh and give cownship)
le	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)  335 E. Lorraine Avenue	
should be		F. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH  9. AGE (In years III last birthday) Mon  50	ths Days Hours Min.
information shous	1C worl	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) HOUSEWIFE  A. USUAL OCCUPATION (Give kind of look. KIND OF BUSINESS OR INDUSTRY	11. BIRT IPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
matic	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
f infores of	15 (Ye	S. WAS AECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT AD	DRESS . One
item of i		18. 356   CAUSE DISEASE OR CONDITION DIRECTLY //	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
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INK. please w	NO	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	the posalysis	
+ 10	CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	it of the cale	9
A O	RTIF	OTHER SIGNIFICANT CONDITIONS CON-	por par some a special	
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDINGS OPERATION 19B. MAJOR FINDI	RATION	20. AUTOPSY?
WITH rtant.	DICAL	21A. ACCIDENT, SUICIDE.   21B. PLACE OF INJURY (6, g.,	in or   21c. WHERE DID (If in Baltimore City, gi	ve exact location)
Y, WITH	MED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.		
A		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WHILE AT WORK AT WORK		
TE FI		22. I hereby certify that I attended the deceased from deceased alive on 1953, and that death occu	rred at 3120 Pm., from the causes and on the	that I last saw the date stated above.
RI		bench I chole the D.M.D.	i. Ogue Hoftel	23c. DATE SIGNED
田田	TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	ERY OR CREMATORY 24b. LOCATION (City, town, of	or county) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE		ADDRESS

not polir.

BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH SCOT R. ROSSTIER 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF BMARYLAN HOSPITAL OR location (If outside corporate limit, write AURAL, and give C. CITY OR TOWN INSTITUTION UNION 3ALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore W. monument Days should be learly and le 7 MINGLE MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years if Under 1 Year if Under 24 Hours last birthday) Months; Days Hours; Min. single 10A. USUAL OCCUPATION (Glyckind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retried Engineer Dresser Mfg. Col 73 13. FATHER'S NAME death 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, ao or uaknown) (If yes, give war or dutes of service) SECURITY NO. 23 Eage St. 1. unknown Yes Spanish-Amer. INTERVAL BETWEEN 18. CAUSE OF DEATH +20,0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Physicians: OTHER SIGNIFICANT CONDITIONS CON-H.D. e chrone passive 回 TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICA 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT 22. I hereby certify that I attended the deceased from 8/22/53, 19 59, 19 , that I last saw the . to 9 and that death occurred at 105 m., from the causes and on the date stated above. deceased alive on\_ 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B, DATE 24D. LOCATION (City, tuwn, or county) Baltimore County, Mary Burial Ridge Cemetery Maryland

25. FUNERAL DIRECTOR

[itchel]

John O.

VS 150

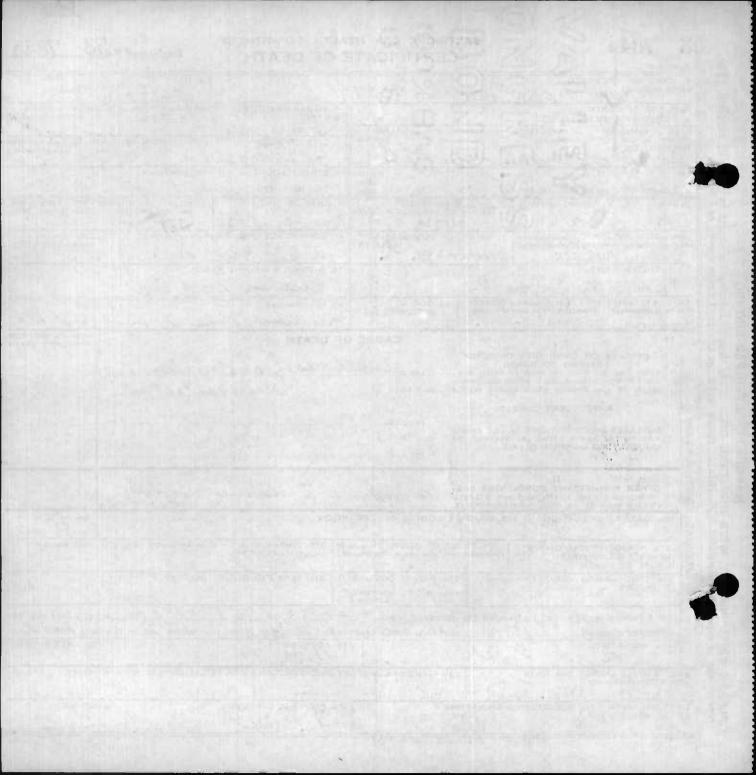
DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Baltimore

& Sons Inc. 1900 Eutaw Pl.



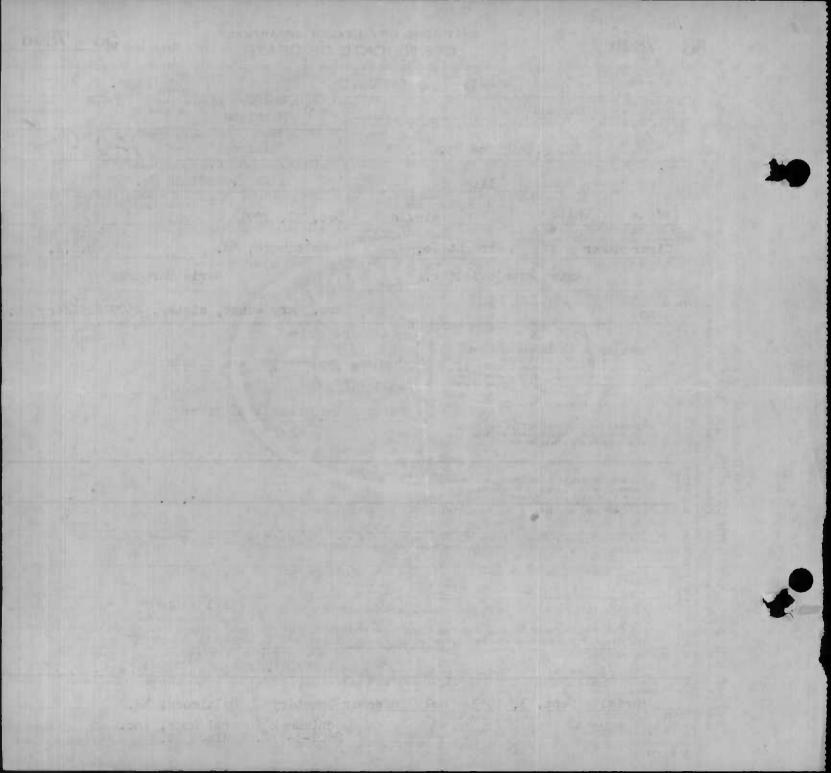
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3	7846

53	7846 IRTH NO.			CERTIFICAT	E OF DEAT	H Registere	ed No. 1040
	NAME OF D		SYLVIA	MATEJOV	IC	2. DATE OF Sej	pt. 1, 1953
A		City, Maryland			4. USUAL RESIDE	ENCE (Where deceased lived	
H	FULL NAME OSPITAL OR NSTITUTION	2421 E. Ma		ion, give street address or location)	C. CITY OR TOWN		imits, Frite BURA, and give township)
C	. Length of s	tay in Baltimore	life	Yrs. Mos. Days	11	Ess (If rural, give location E. Madison St.	
	. sex Female	6.COLOR OR RACE White		MARRIED, ED, DIVORCED (Specify) single	Dec. 31, 18	last birthday)	Months Days Hours Min.
		CUPATION (Give kind of f working life, even if retired) ker	Obrech	of Business or INDUSTRY		State or foreign country)	U.S.A.
1:	3. FATHER'S N	Anton Mat	ejovic,	Sr.	14. MOTHER'S MA	Marie Barbo	rka
(Y	5. WAS DECEASE 100, no or unknown)  NO	D EVER IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Mary Ri	unge, sister, 2	ADDRESS 509 McEldery St.
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	E OR CONDITION LIEADING TO DEA' not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which of the complication which of the complication which is the complication of the comp	FH of dying, e. s ns the diseas aused death ses FANY, GIVIN STATING THEST.  TIONS CONNOT RELATE	(B) Fatty m	hypertrophy etamorphosis	and dilatation	
C		F OPERATION 1		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	UNDERLYIN	NAL CAUSE WAS G [] OR CONTRIB- CAUSE OF DEATH.	21B. PLA about home, f	CE OF INJURY (e. g., i arm,factory,street,office bldg.,	n or 21c. WHERE D		ty, give exact location)
Σ	21b. TIME OF INJURY	Month) (Day) (Year)	(Hour)	2 1E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F, HOW DID	INJURY OCCUR?	
	the evi	dence obtained by ath in my opinion TURE	said Autoresulted f	psy, Inspection or rom: natural cause	Inquiry, find that  S X, accident 238. CHIEF ME ASSISTANT MI .D. MEDICAL INV	suicide [], homicide [ EDICAL EXAMINER ] EDICAL EXAMINER ] ESTIGATOR	the day stated above, nudetermined  23c. DATE SIGNED  Sept. 1, 1953
	Buria	BY   REGISTRAR	1953	Holy Redeeme	Cemetery	Baltimore, Md	
	OCAL REGIST	RAR	2 Janes	Alliano 1	2601-3-5 E	ector uneral Home, In Madison St.	c.



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before admission)

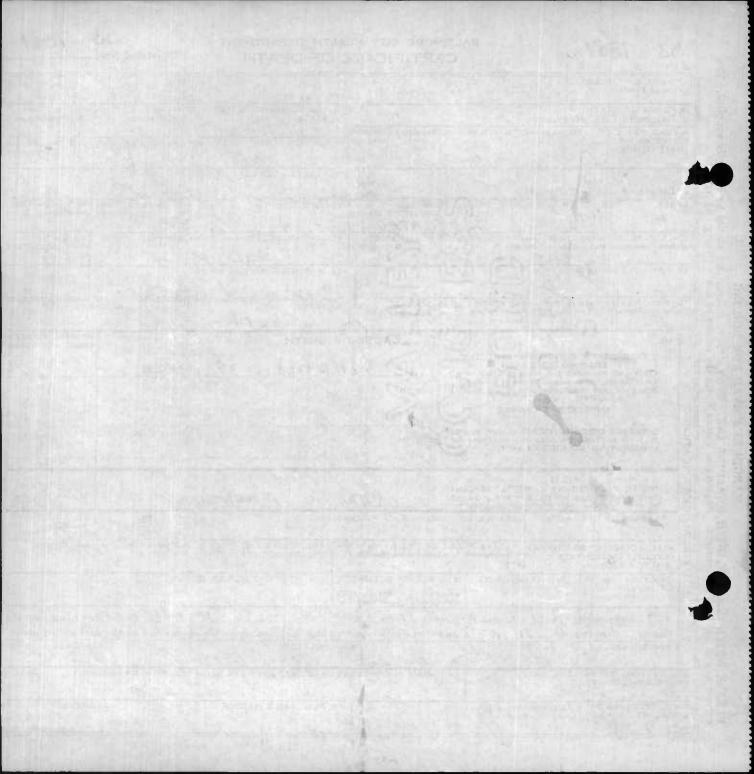
12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

23c. DATE SIGNED

ADDRESS

ADDRESS



Registered No.

Il Under 1 Year

ADDRESS

12. CITIZEN OF

before admission)

ite RURAL and give

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OFATH

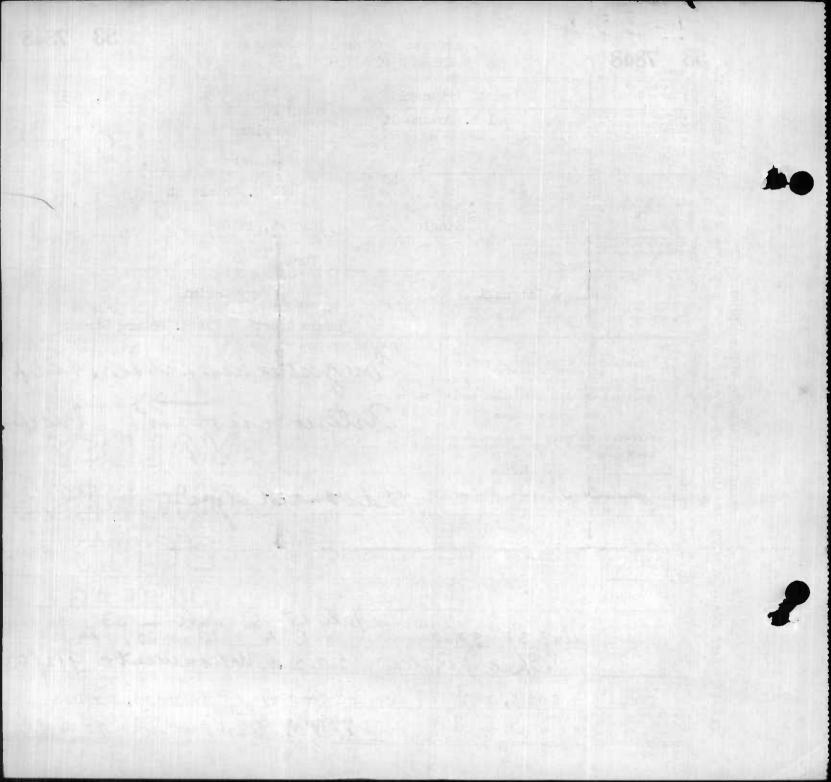
20. AUTOPSY

. 19 3 that I last saw the

BIRTH NO 2. DATE 1. NAME OF DECEASED DEATH Sept 2, 1953 (Type or Print) Leona Litynski supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: 821 N. Howard St B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or B FULL NAME OF location) HOSPITAL OR (If outside cor e carefully selegibly. C. CITY OR TOWN INSTITUTION o. STREET ADDRESS (If rural, give location) Yrs. Mos. 821 N. Howard St c. Length of stay in Baltimore Dava 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 9. AGE (In years) should be 5. SEX 6. COLOR OR RACE last birthday) Months; Days Hours; Min. July 21, 1876 Female White information shous of death clearly 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Givekindof) INDUSTRY work done during most of working life, even if retired) Turkey 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Joseph Litynski Mary Cokini 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
[Yes, no or unknown] (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. causes Louis Crest 821 N. Howard Street of Every item write the cau CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION ERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN WAS PERFORMED WITH PART I OR PART II important. 21s. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT NOT WHILE especially WORK AT WORK 22. I hereby certify that I attended the deceased from\_ from the eauses and on the date stated above. 1953 and that death occurred at WRITE deceased alive on 23B. ADDRESS 23A. SIGNATURE 02 24C. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-PLEASE TION, REMOVAL (Specify) Cathedral Cemetery Burial Sept

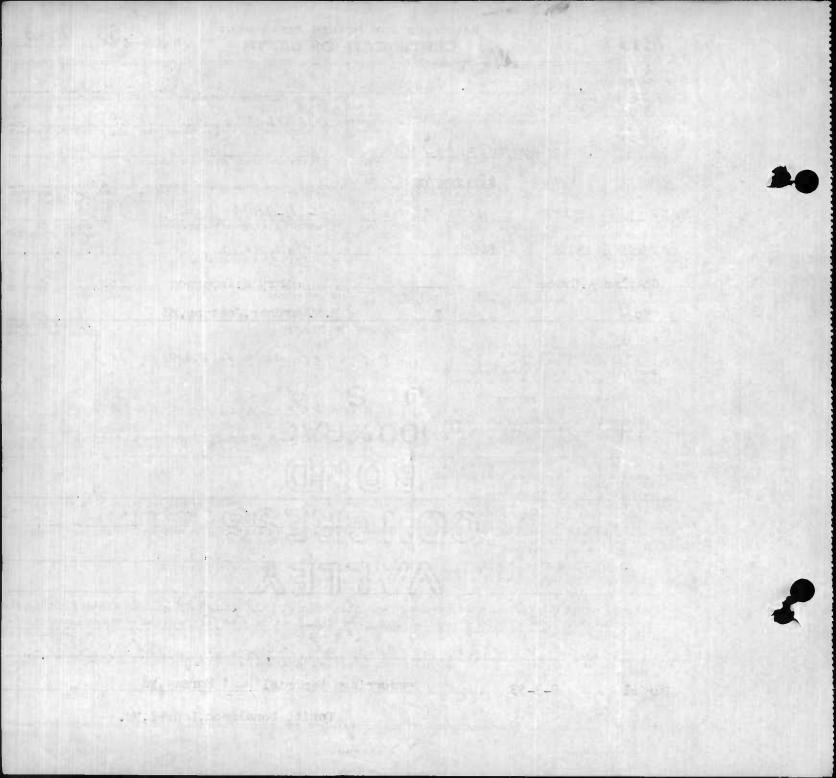
FOR MARGIN RESERVED

> 240. LOCATION (City, town, or county 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR



VS 150

before admission) B. COUNTY/ e arund ESSUP (If outside corporate limits, write RURAL and give township) (If rurai, give location) M Under 1 Year If Under 24 Hours 9. AGE (In years last birthday) | Months; Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONBET AND DEATH INFARETION CORONARY INSUFFICIENCY ARTERIOSCLEROTIC CARDIOVASC 20. AUTOPSYT IF OPERATION WAS RELATED TO CAUSE OF CEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 19 5 that I last saw the 8:35 Am., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) Borsey . Md ADDRESS Dewitt Donaldson, Laurel, Md.



53	1	7850	, 0	BA	LTIMORE CITY HE			Registered	453	7850
		NAME OF Dippe or Print)		ames Da				2. DATE OF DEATH	9/1/53	
fully supplied.	B. HC	PLACE OF DE Baltimore ( FULL NAME OSPITAL OR ISTITUTION	City, MarylandSt.	Agnes	S Hospital ution, give street address or location)	A. STATE Md. c. CITY OR TOV Rural -	Ell wn (ii Route #	Vhere deceased lived. B. COUNTY, iCott City outside corporate lii	Rt. #	fore admission) 29, Md. URAL and give
e carefully legibly.	-		stay in Baltimore	7 611161	Yrs. Mos. Days	Route	#29	rural, give location)	630	
ld b and		M	6. COLOR OR RACE	Marri		10/24/88	70	82	Months Day	H Under 24 Hours Hours Min.
ion shou	work	k done during most c		Un <b>RA</b>	ID OF BUSINESS OR INDUSTRY	Md.			Unkno	AT COUNTRY?
NDING information s of death cle	13	CANA	ranklin Brown	1			14. MOTHER'S MAIDEN NAME  VINNER Margaret Sakers			
R BINDING	15 (Yes		ED EVER IN U. S. ARMED	D FORCES?	16. SOCIAL SECURITY NO. None	17. INFORMANT	Т	tal Record	ADDRESS	
RGIN RESERVED FO ADING INK. Every ite icians: please write the	RTIFICATION	CHARLETTING CONDITION EAST.								
ш.	L CE	DISEASE O		3 IT.	DITION FOR WHICH OF	PERATION	CAUSE O	TION WAS RELATED		AUTOPSY?
ILY, WITH	EDICA	OR CONTRIE	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	F about	B. PLACE OF INJURY ( pt home, farm, factory, street, office			OR PART II (If in Baltimore Ci		
	M	210. TIME ( OF INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	ILE	OW DID INJ	JURY OCCUR?		
96		22. I hereb deceased a			, and that death occur	rred at G: 15P.	953, to 10 m., from l	he causes and or	n the date	last saw the stated above.  OATE SIGNED  / - 53
PLEASE WRITE correct age is esi	TIC	4A. BURIAL, ON, REMOVAL (S	Specify)	4-53	24c. NAME OF CEMETE		A	ocation (City, to		
PLE		OCAL REGIST		S SIGNAT	URE VILLALIAN	F.C.Higi		,Ellicott (	City,Md,	

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service of the first THE BOOK TON DESCRIPT Diene Allen B. and the state of I Strong 

	The	
	ully supplied.	y.
MARGIN RESERVED FOR BINDING	SE WRITE PLA Y, WITH UNFADING INK. Every item of information should be could supplied. The	write the causes of death clearly and lega-
MARGIN RESER	H UNFADING INK.	Physicians: please
1	Y, WIT.	mportant
	SE WRITE PLA	t age is especiall

-	1B-62V	
	53 7851  BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered N	3 7851
	BIRTH NO. CERTIFICATE OF DEATH Registered N	0
	1. NAME OF DECEASED   2. DATE	
	(Type or Print) JOSEPHINE BORZUCHOWSKI OF DEATH / S	GPT 1953
	3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If I	nstitution: residence
1	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or MARYLAND)  A. STATE  MARYLAND	before admission)
1	HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit	
1	MERCY HOSPITAL, INC BALTIMORE	township)
	Yrs. O. STREET ADDRESS (If rural, give location)	
	c. Length of stay in Baltimore 64 yrs Mos. Days 3017 EASTERN AV	E
	5, SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8, DATE OF BIRTH 9. AGE (In years find the property of the property) 1 last birthday) Most birthday Most birthday 1 last birthday	Under I Year   If Under 24 Hours nths; Days   Hours   Min.
	FEMALE WHITE MARRIED 8/20/77 76	
	10A, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B, KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
	HOUSENIFE FOLAND	William Gooding
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	/
	ANDREW KWASNIESKI ANNA ? TSOJASZA	H /
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NTS. Annual Laskiewicz, 3017 East	
	DAUGHTER SE	E ABOVE
	18. 490X CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	
	(This does not mean the mode of dying, e.g., (A) LOBAR PNEUMONIA	APPROX 2D.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	
	ANTECEDENT CAUSES	
	Z (B)	*******
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. (C)	
	UNDERLYING CONDITION LAST.	********
	Ĭ. D	
	OTHER SIGNIFICANT CONDITIONS CON-	
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	O DE STAGE OF IN HIDY (	YES NO
	218. ACCIDENT WAS UNDER.  LYING OR CONTRIBUTING   about home, farm, factory, atreet, office bidg., etc.)   INJURY OCCUR?	rive exact location)
	210, TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
	WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from 8/3/, 1953, to 9//, 1955	3 that I last sam the
	deceased alive on 9/1, 1953, and that death occurred at 3 25Am, from the causes and on the	ne date stated above
	the state of the s	

the date stated above. 23c. DATE SIGNED

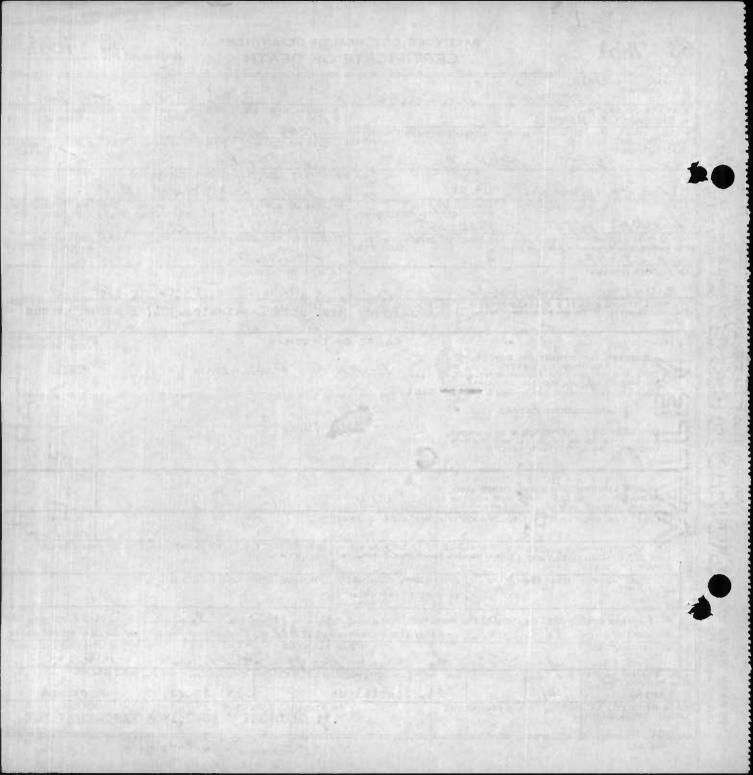
24A. BURIAL, CREMA-TION, REMOVAL (Specify) 9/4/53 Burial St. Stanislaus DATE RECEIVED BY REGISTRAR'S SIGNATURE

240. LOCATION (City, town or county) 24c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland

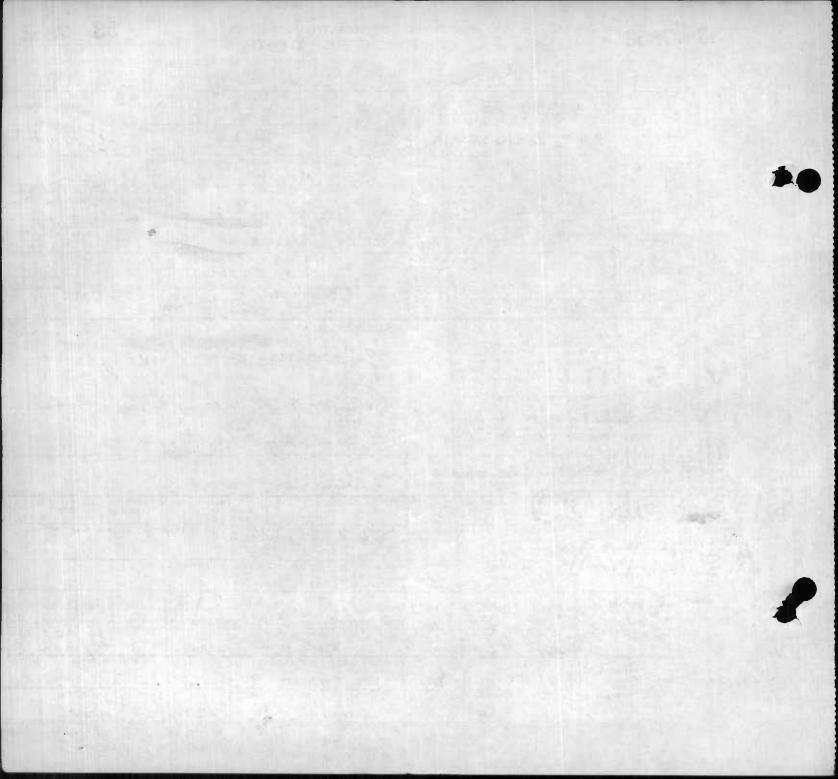
ADDRESS 25. FUNERAL DIRECTOR & SONS 1808 EASTERN AVENUE

VS 150

LOCAL REGISTRAR



53	В		HEALTH DEPARTMENT SATE OF DEATH Registered No. 7852
	(T	NAME OF DECEASED (ype or Print)  PLACE OF DEATH:	2. DATE OF DEATH Sep 2,1953 1 4. USUAL RESIDENCE (Where deceased lived, Minstitution: residence
lly supplied.	В.	FULL NAME OF (If not in hospital or institution, give street address to the street of	A. STATE B. COUNTY before admission
carefully legibly.	CY c.	Upun s	Yrs. D. STREET ADDRESS (If rural, give location) Days
should be	8	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (S	9-97-1811 99
ation	Sa	kdone during most of working life, even if retired) retail floor covers. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) STRY PTING Virginia  14. MOTHER'S MAIDEN NAME
	15	saac Held  5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Mary Bachrach  NO. INONERNAOPKINS HOSPITAL ADDRESS
BI	(Ye	yes World War No. 1 SECURITY P	ISE OF DEATH
RESERVED FO. 7 INK. Every ite please write the	RTIFICATION	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	Jego cardial Asse Their cy linknows utiniselesta Heart Disease Androws Generalized activischers "
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE/OF OPERATION   19B. CONDITION FOR WHIC	Lulmon any emboli  CH OPERATION IF OPERATION WAS RELATED TO 20, AUTOPSY?
WITH ortant.	EDICAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJU OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	CAUSE OF DEATH, ENTER IN YES NO DART I OR PART II YES NO DEC. office bldg., etc.) INJURY OCCUR?
TE PLAINLY, especially impo	M		OT WHILE
R. is		22. I hereby certify that I attended the deceased from deceased alive on 1952, and that death 23A. SIGNATURE	occurred at
PLEASE W	0	on REMOVAE (Specify) 9/3/53 Loudon Pa	ark Crematory Balto., Md.
PLE		ATE RECEIVED BY REGISTRAR'S SIGNATURE	28 FUNERAL DIRECTOR SOUS
		vs 150	9066 Batto. 17, Md.



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) 3 OF supplied. DEATH 3. PLACE OF BEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B COUNTY before Admission) A. Baltimore City, Maryland A. STATE (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location INSTITUTION 3 (If outside corporate limits, write RURAL and give C. CITY OR TOWN carefully legibly. D. STREET ADDRESS (If rural, give location) Mos c. Length of stay in Baltimore Days AGE (In years If Under 1 Year I Under 24 Hours Ann. Months Days Hours Min. should be 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OF RACE DATE OF BIRTH 9. AGE (In years) information shous of death clearly BUSINESS OR 10A. USUAL OCCUPATION (Give kind of) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF 108. KIND work done during most of working life, even if retired INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING WAS DECEASED EVER IN U. S. ARMED FORCES / SECHEM (Yes, no or unknown) (If yes, give war or dates of service) causes Jo INTERVAL BETWEEN Every item write the cau 18.145 X CAUSE OF DEATH FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOIL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFICA MARGIN 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20. AUTOPSY OPERATION WAS RELATED TO WITH WAS PERFORMED CAUSE OF DEATH, ENTER IN important. PART I OR PART II 21C. WHERE DID (If in Baitimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING ED OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY, 21F. HOW DID INJURY OCCUR? 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially WHILE AT HOT-WHILE WORK AT, WORK 22. I hereby certify that I attended the deceased from Shat I last saw the WRITE deceased alive on and that death occurred at from the causes and on the date stated above. 238. ADDR 23c. DATE SIGNED 23A SIGNATURE N 24c. NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-240. LOCATION (City, town, or county) 248. DATE PLEASE correct runa ADDRESS EUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

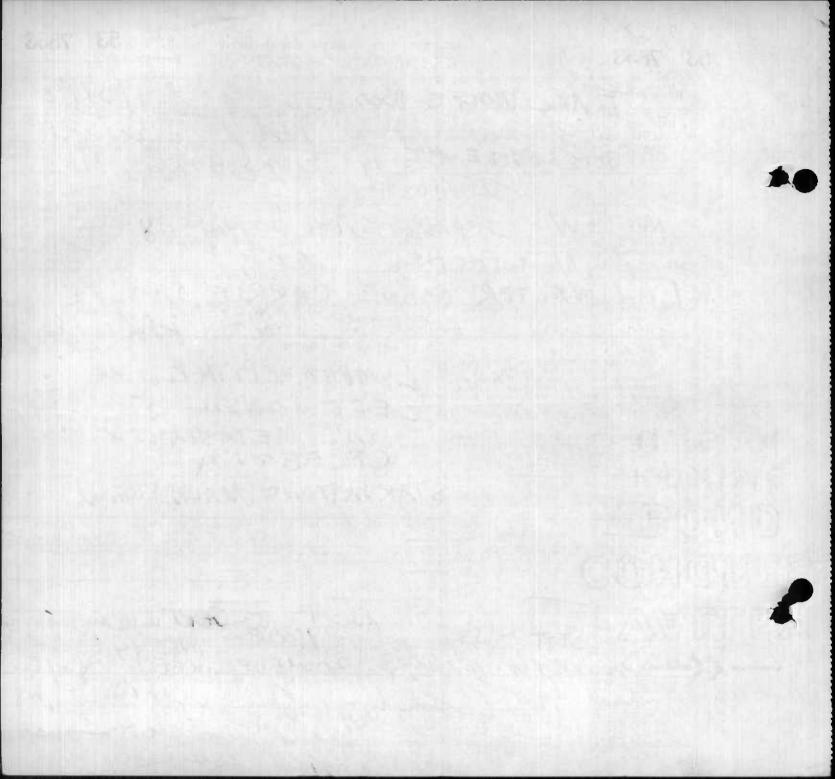
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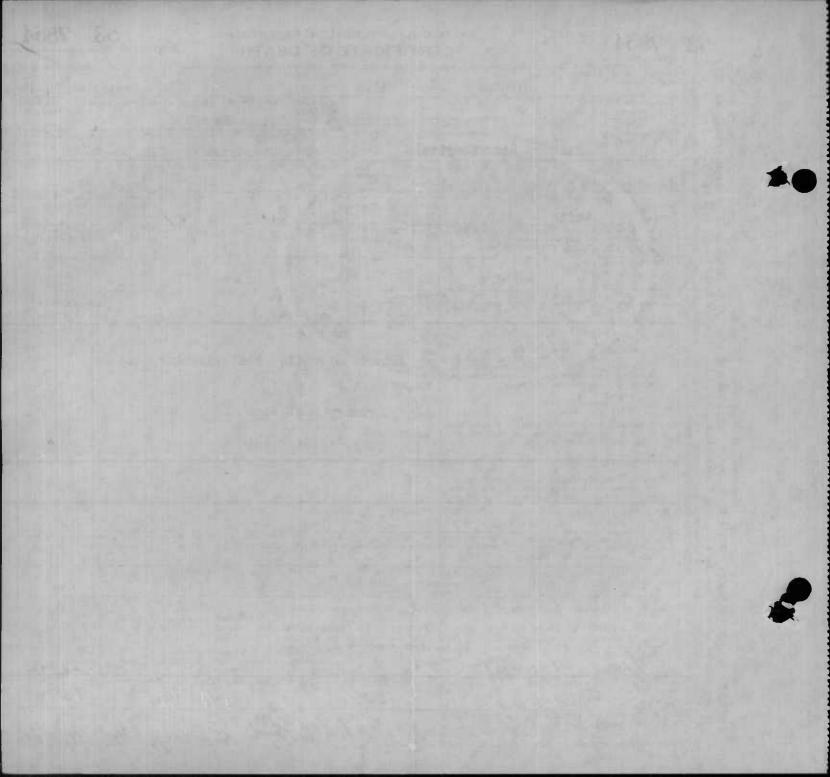


Registered No. 7854

The	-	IRTH NO.				
RESERVED FOR BINDING INK. Every item of information should be carefully supplied. I please write the causes of death clearly and legibly.		NAME OF DECEASED (ype or Print)  MYRTLE  WHITE	2. DATE OF DEATH Septer	mber 1, 1953		
	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins. A. STATE B. COUNTY			
	H	FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  Baltimore City Hospitals	Virginia c. CITY OR TOWN (If outside corporate limits, w  Covington	rite RURAL and giv township		
	c.	Length of stay in Baltimore 2 Trs.  Days	D. STREET ADDRESS (If rural, give location)			
		SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years 11 und last birthday) Month	er I Year   H Under 24 Hours Bays   Hours   Min.		
	10	A. USUAL OCCUPATION (Give kind of LOB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY		
	13	3. FATHER'S NAME UNK -	14. MOTHER'S MAIDEN NAME			
	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or uoknown) (If yes, give war or dates of service) SECURITY NO.	FRED WHITE-7729 NORTH COVE RD PT.			
	NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING	of DEATH sclerotic cardiovascular disease ary occlusion	INTERVAL BETWEE		
MARGIN EJ UNFADING I Physicians: pl	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE CONTROL (C) MYOCAL  OTHER SIGNIFICANT CONDITIONS CON-	rdial infarct	:		
NEA VF/	ERI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
ht	LC	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?		
LEASE WRITE PLAINLY, WITH rrect age is especially important.	EDICA	21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. UTING  CAUSE OF DEATH.		exact location)		
	M	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRI OF INJURY m. WHILE AT NOT WHILE AT WORK	21F. HOW DID INJURY OCCUR?			
		22. I certify that I took charge of the remains described a	bove, held an Autopsy	hereon and from		
ITE I		the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the call, accident \( \subseteq \), suicide \( \subseteq \), homicide \( \subseteq \), und	day stated above etermined [].		
E WRI		23A. SIGNATURE MANUEL M	D. MEDICAL INVESTIGATOR Sept			
LEASE rrect a	716 TI6	SALEN  SURIAL CREMA 248/DATE 24C. NAME OF CEMETER  SURIAL Specify 9-6-53  SALEN		county) (State)		
L 1	-	AME DECEMBER - L. L L L L L L L.				

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The	BIS	RTH NO.			CERTIFICAT	E OF DEA	TH	Registered	No.	
	1. NAME OF DECEASED  (Time on Print)  (Time on Print)									
led.	3. PLACE OF DEATH:    4. USUAL RESIDENCE (Where deceased liv								. 31,	1953
ppl			City, Maryland			A. STATE	DENCE (WI	B. COUNTY	be be	efore admission)
sa	HC	FULL NAME (			ion, give street address of location	c. CITY OR TOV	VN (If o	utside corpor te in	nits with 1	RUTAL and give
ully.	IN	STITUTION	3101 Pres	bury S	st.,	Baltir		16	, 0	(township)
VDING information should be carefully supplied. sof death clearly and legibly.	1			11000	Yrs. Mos.			ural, give location)		
			tay in Baltimore		Days			ary St.,	D Under 1 Ven	W Stades 24 Bornes
		emale	6. COLOR OR RACE White	WIDOW	E. MARRIED. VED, DIVORCED (Specify OWED	Dec.10,18	871	9. AGE (In years last birthday) 81	H Under 1 Year Months: Da	ys Hours Min.
	10. work	A. USUAL OCC. done during most of House-1	CUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	Md.	E (State or for	eign country)		IZEN OF IAT COUNTRY?
atio th		. FATHER'S N				14. MOTHER'S				
NG rmati death			Graves			Caroli	ne Spec	iden		
info	15 (Yes	, was DECEASE	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		3	ADDRESS	
of of ises		no			none		s G. Ta	ylor Tryo		ERVAL BETWEEN
2 H 2		18. 155	SE OR CONDITION	DIRECTIV		OF DEATH				ET AND DEATH
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		heart failu	re, asthenia, etc. It mean	ns the diseas	se,			•••••••••••••••••••••••••••••••••••••••		
RESERVED INK. Ever please write			ANTECEDENT CAUS			Liver				
RESE INK. please	Z		S OR CONDITIONS, IF		(B)	••••••	********	***************************************		
RE ple	DIF.	RISE TO T	HE ABOVE CAUSE (A)	STATING TH	E DUE TO					
MARGIN I UNFADING Physicians: p	RTIFICATION				(C)		***************************************			
MARGIN NFADIN nysicians:	TIF	OTHER SIG	II SNIFICANT CONDITIONS	CONTRIBI	ITING					
MA NF hys	Ш	TO THE	DEATH BUT NOT F	RELATED TO						
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ILY, WITH important.	EDI	OR CONTRIE	ENT WAS UNDERLYI BUTING□ CAUSE OF FIFY MEDICAL EXAMINE	about	B. PLACE OF INJURY home, farm, factory, street, office		OCCUR?	f in Baltimore Cit	ty, give ex	aet location)
PLAINLY ecially imp	Σ	21D. TIME ( OF INJURY	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURE WHILE AT NOT WH WORK AT WO	ILE	ULNI DID W	JRY OCCUR?	×	
re PLAIN especially		22. I hereh	y certify that I att	tended the	Q1.	me/19	53,0 C	mg 3/19	5 That	I last saw the
					and that death ocer		m., from th	e causes and on	the date	stated above.
RI		ZJA. SIGNA	fauch	yel	Zy M. D.	3033 W. No	orth A	Ve.		I - S 3
DD I	24	4A. BERIAL	CREMA- 24B. DATE		PAC. NAME OF CEMET	ERY OR CREMATO	RY 240. LC	CATION (City, to)		ty) (State)
PLEASE correct ag		on, REMOVAL (S Burial	Sept.3	,1953	Bethel Cen			apeake C:		Md.
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Н 0		CED	AND STORY		1 V 1 1	. Howard	Strong	3207 W.	North	Ave.

See query reply in Document file.

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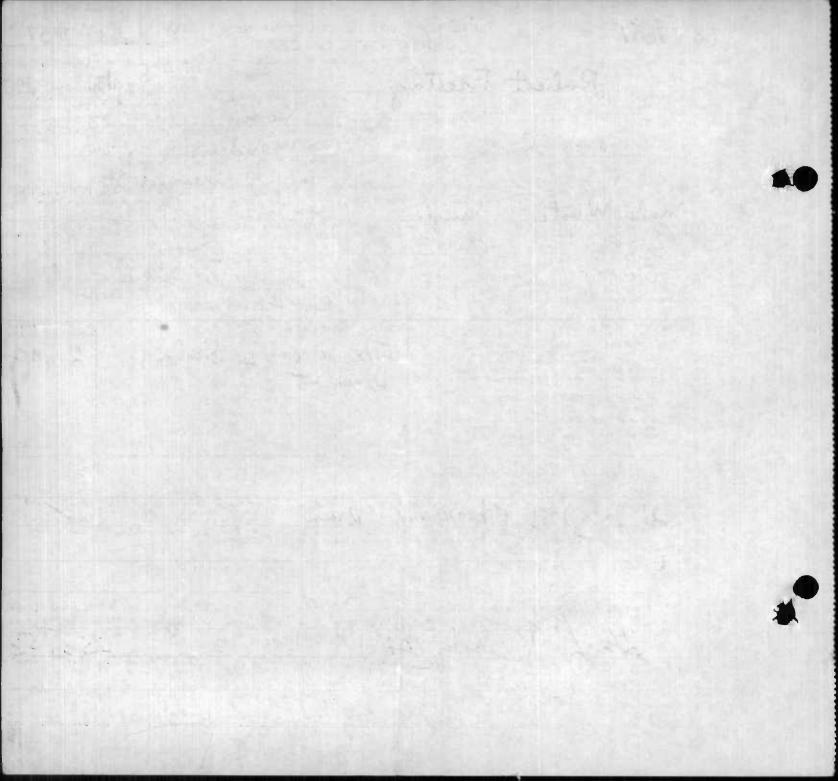
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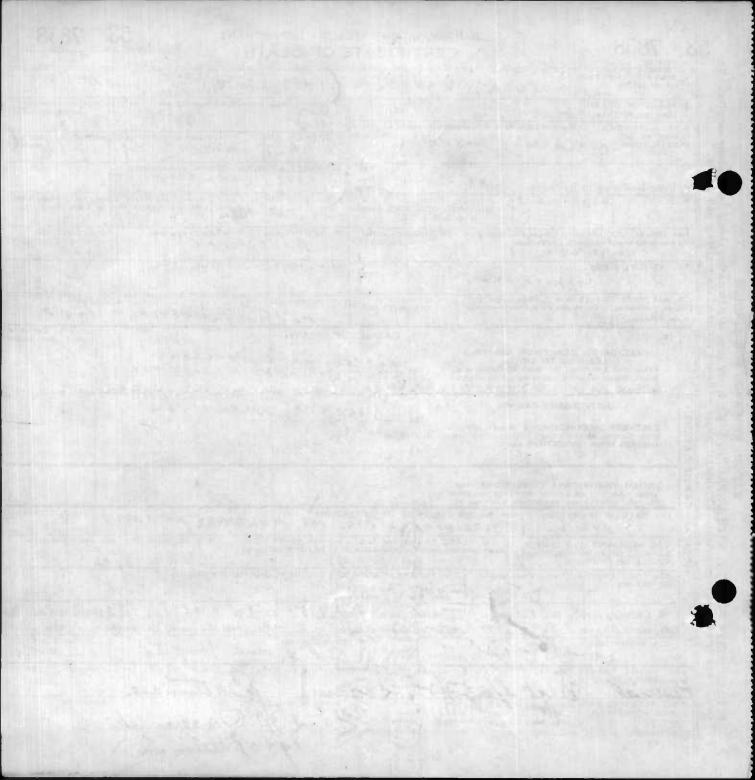
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	7000 H NO.			CERTIFICAT	E OF DEA	TH		ered No.	
1. NA (Type	AME OF DECEAS or Print)		anne S	S. Mass			2. DATE OF DEATH	Sept.	1,1953
8. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1901 Poplar Grove St.					4. USUAL RES	IDENCE (W	here deceased li B. COUN		itution : residence before admiss
0		-		68 Yrs. Mos.	o. STREET ADDRESS (lf rural, give location)				
c. Let	ength of stay in		7 SINGLE	Days E, MARRIED.	1901 P	oplar	Grove S	t. H Bade	r l Year H Under 24 Days Hours N
Fems		ite	Marr	ED, DIVORCED (Specify)	Nov.22,	1884	last birthds	ay) Months	Days Hours A
10A. L		TION (Give kind of glife, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC	E (State or fo	reign eountry)	12.	CITIZEN OF WHAT COUNT
	ATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME		
(	Charles W	. Baughr	man		Virginia	a R. G	illmeve	r	
15. W	VAS DECEASED EVER	R IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMAN			ADDI	RESS
no		os, gavo wat or queos	or service)	none	Clarence	A. Mai	ss 1901	Popl	ar Grove
	LEAD	CONDITION E DING TO DEAT lean the mode of lenia, etc. It mean lication which ca	'H f dying, e. g ns the disease	(A) Hen	of DEATH myclage Botterin	e, G	rebra	rl	INTERVAL BETWONSET AND DE
ATION	DISEASE OR LEAD (This does not m heart failure, asth injury or compli	DING TO DEAT: lean the mode of penia, etc. If mean ication which ea CEDENT CAUSE CONDITIONS, IF DVE CAUSE (A) CONDITION LAS	'H f dying, e.g ns the disease aused death  ES FANY, GIVIN STATING TH	e, (A) Head		e Ca Dege	Probre Aclio- Mustik	l	INTERVAL BETW
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The	BIRTH NO.	CERTIFICATE	OF DEATH	Registered No.	1001
600	1. NAME OF DECEASED (Type or Print)	Freitan		OF Septemb	2195
supplied.	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital of the control  A I	4. USUAL RESIDENCE (Whe	re deceased lived. It institutions by COUNTY	on : residence efore admission)	
Illy si	HOSPITAL OR	location)	C. CITY OR TOWN (If our	tside corporate limits, write l	RURAL and give township)
e carefully legibly.	JOHNS HOPKINS	Yrs. Mos.	D. STREET ADDRESS (If rur	rai, give location)	
be c	c. Length of stay in Baltimore  5. SEX [6. COLOR OR RACE] 7	Days . SINGLE, MARRIED	B. DATE OF BIRTH 9	AGE (In years   Hunter   Years   Instrument   If Under 24 Hours	
should be	mule White	OB. KIND OF BUSINESS OR	4-7-32 A.BARTHPLACE (State or fyrei	21	IZEN OF
ion s	rork four during most working life, even if retired)	Stur Tacky	Meriden Con	W.	AT COUNTRY
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2 2 2	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of of heart failure, asthenia, etc. It means	lying, e.g., (A) Fibro	sarcoma of Br	win,	3 ms.
RVE Ev wri	injury or complication which eau	sed death.) DUE TO RECW	vent '		
RESEI INK.	Z DISEASES OR CONDITIONS, IF A	NY, GIVING (B)			
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	OTHER SIGNIFICANT CONDITIONS C				
M UN Phy	TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING IT				AUTOPSY?
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. 6	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	about home, farm, factory, street, effice bld		v escupe	
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	22. I hereby certify that I attended alive on 9-2	ded the deceased from 1953, and that death occurre	-22, 19, to 9		I last saw the
RI	23A. SIGNATURE	Jarra VOX 276	OHNS HOPKINS HOSPI	11A# 33°C	DATE SOMED
	240 BURIAL, CREV. 24B ATE	53 Walnut 12	OR CREMATORY 24D. LOC	ATION (City, town, or coun	ty (State)
PLEASE correct a	DATE RECEIVED BY REGISTRAN'S		B FUNERAL DIBECTOR	ABDR	ESS C.
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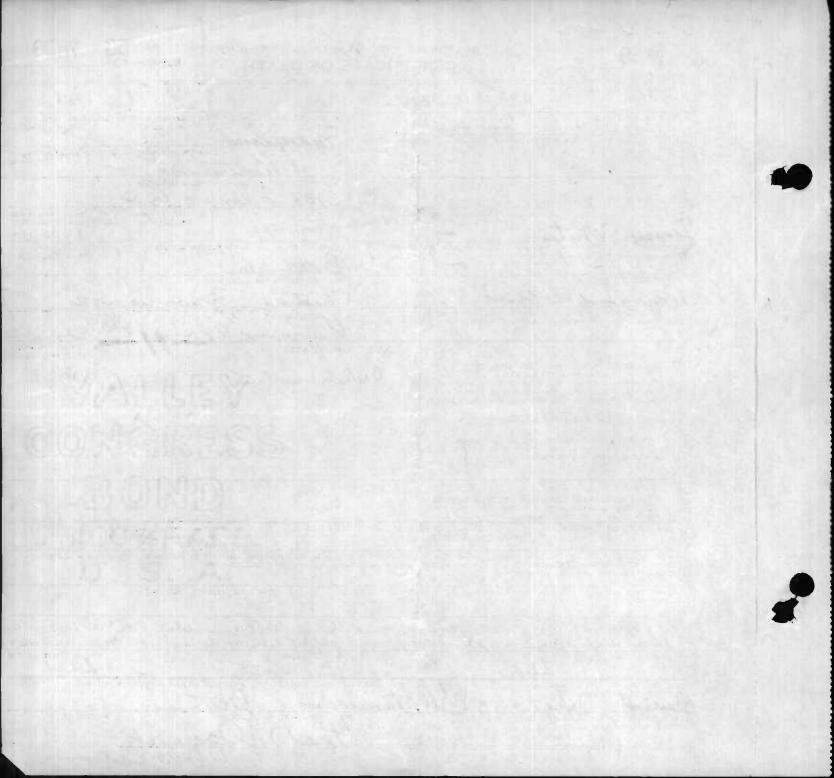




MARGIN RESERVED FOR BINDING  7, WITH UNFADING INK. Every item of information should be carefully supplied. The portant. Physicians: please write the causes of death clearly and legibly.	EDICAL CERTIFICATION  (A) 13 (A) 14 (A) 15 (	TRIP NO. 53-21087  RTH NO. 53-21087  PLACE OF DECEASED ype or Print)  PLACE OF DEATH: Baltimore City, Maryland  FULL NAME OF (If not in hospital or DESPITAL OR STITUTION  Length of stay in Baltimore  SEX S. COLOR OR RACE 7.  A. USUAL OCCUPATION (Give kiud of a done during most of working life, even if retired)  FATHER'S NAME  PAYMOND PRINT OF CONDITION DIRLEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONDITION CONTO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B.  WAS  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)
MARGIN UNFADING Physicians:	CERTIFICA	II OTHER SIGNIFICANT CONDITIONS COM TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT.
WRITE PLAINLY, WITH e is especially important.	MEDICAL	U WAS  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING□ CAUSE OF

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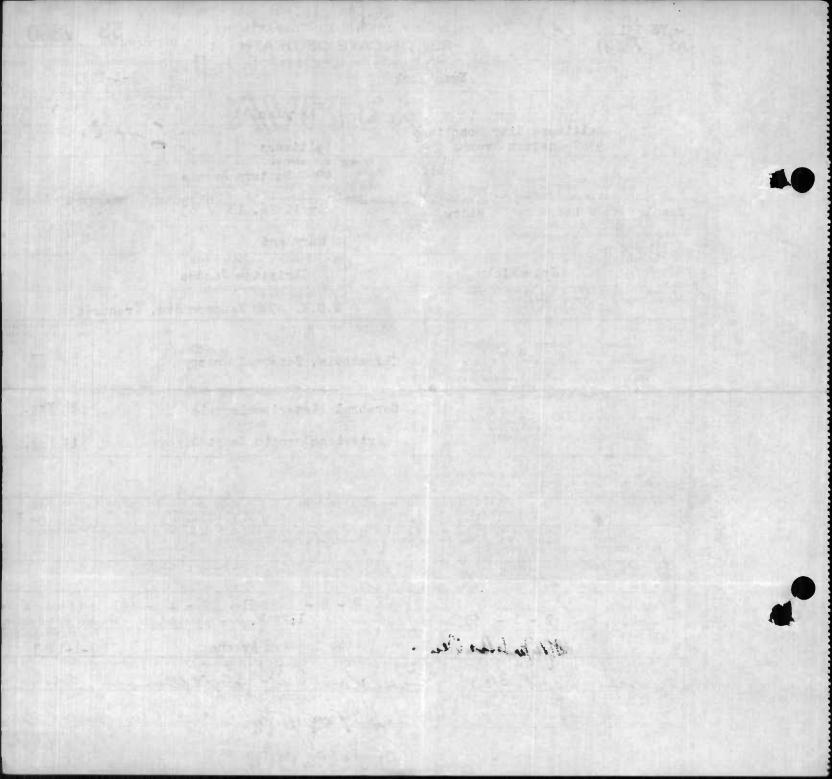
1. NAME OF DECEASED (Type or Print)	ROBBINS		2. DATE OF OF DEATH Sept	.2/53			
3 PLACE OF DEATH:	britel	TATE	DENCE (Where deceased lived, if in	stitution : residence hefore admission)			
c. Length of stay in Baltimore	Yrs. Mos. Days	3730 6	RESO (If rural, give location)				
	LE. MARRIED. WED, DIVORCED (Specify	B. DATE OF BIR		der I Yeer If Under 24 Hours Ins Days Hours Min.			
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13. FATHER'S NAME  Paymond Polyins  15. WAY DECEASED EVER IN U. S. ARMED FORCES?	Lie social	14. MOTHER'S	Znamisou	r ki			
(11 yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Raymo	nd Robbins 373	Elman a			
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19A. DATE OF OPERATION 19B. CONI	DITION FOR WHICH O	PERATION	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	YES NO			
	IB. PLACE OF INJURY at home, farm, factory, street, office		HERE DID (If in Baltimore City, g OCCUR?	ive exact location)			
OF THE PARTY	21E. INJURY OCCURR WHILE AT NOT WHI	ILE	W DID INJURY OCCUR?				
22. I hereby certify that I attended th	22. I hereby certify that I attended the deceased from Spt. 1 , 1953 to Sept. 2 , 1953 that I last saw t						
23A. SIGNATURE		238. ADDRESS	ittl	23g. DATE SIGNED Lept. 2/5 3			
24A. BURIAL, CRENA. 24B. DATE	249 NAME OF CEMETI	ERY OR CREMATO	RY 24D. LOCATION (City, town, o	r county) (State)			
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR	TURE COLLEGE	TS. RONERAL E	V Ozna bi	ADDRESS			
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53	F# 15112 786	20 (2)	BALTIMORE CITY HE CERTIFICATI			7860		
1. 1	NAME OF DI	ECEASED	Emma Buck		2. DATE OF 9-1-1	.953		
A. ]		City, Maryland	al or institution, give street address or	A. STATE	DEATH  DEATH  FIDENCE (Where deceased lived, If ins B. COUNTY	stitution : residence before admission)		
HO		Baltimore Ci 4940 Eastern	ty Hospitals location)	C. CITY OR TOWN (If outside corporate limits, frite BURAL and give Baltimore township				
		tay in Baltimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 4940 Eastern Avenue				
	male	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BII	look hinth days Mont	der I Year hs: Days Hours Min.		
		CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLAC		2. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S N	John B	ichy	14. MOTHER'S MAIDEN NAME Christine Jacobs				
15. (Yes,	WAS DECEASE no or unknown)	ED EVER IN U.S. ARMED (If yes, give war or date	of carried 1 accounts to	17. INFORMAN B.C.H. 49	40 Eastern Ave. (reco	rds)		
NO	(This does heart failur injury or	SE OR CONDITION LEADING TO DEAT i not mean the mode or re, asthenia, etc. It mea complication which of ANTECEDENT CAUS	TH of dying, e. g., ins the disease, caused death.)  SES  (B) Cerebre		oral Artery	6 Days 20 Yrs.		
RTIFICATION	UNDERLY	HE ABOVE CAUSE (A) /ING CONDITION LA		ri oscleroti	lc Heart Disease	15 Yrs.		
Lil	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT FOR CONDITION CAUSING	RELATED TO THE					
1		F OPERATION 1	9B. CONDITION FOR WHICH OF VAS PERFORMED		IF OPERATION WAS RELATED TO CAUSE OF OEATH, ENTER IN PART I OR PART II	20. AUTOPSY?		
0	OR CONTRIB	ENT WAS UNDERLYI BUTING CAUSE OF IFY MEDICAL EXAMINE	about home, farm, factory, street, office	e. g., in or bldg., etc.) 21C. White INJURY	HERE DID (If in Baltimore City, gi Y OCCUR?	ve exact location)		
21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?  OF INJURY   Not while   AT WORK   A						KO KITHE		
					9 51-to 9 - 1 -, 153, The, from the causes and on the			
	23A. SIGNAT	Hyr lu	n/ha. , M. o. 49	238. ADDRESS 040 Eastern	Avenue	9-1-1953		
19	REMOVAL (S	Sept.	3/53 24C. NAME OF CEMETE	on Il	2. Battimore	ADDRESS (State)		
	CAL REGIST	RAR	topa. Williams Mr.	25 FUNERAL I	Withter 41016	Smondson		

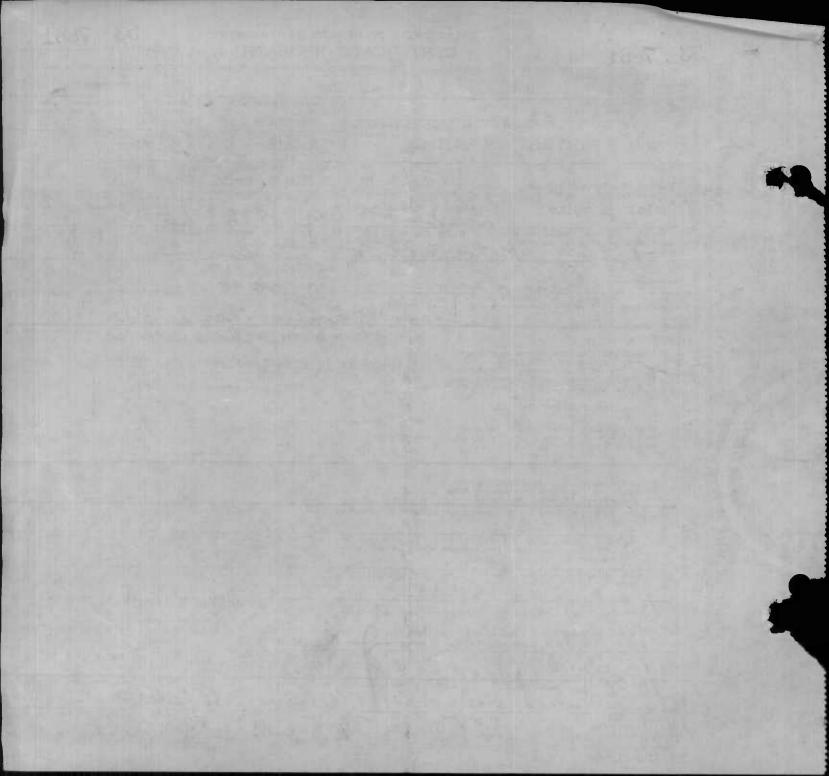


151A.L.

7-536	BALTIMORE CITY HEALTH DEPARTMEN	T
7861	CERTIFICATE OF DEATH	

53 7861

4	BIRTH (6.51 CERTIFICAT	E OF DEATH			
	1. NAME OF DECEASED	NDORA   2. DATE OF DEATH September 1, 1953			
1	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address o				
	HOSPITAL OR Baltimore City Hospitals	Baltimore township)			
	c. Length of stay in Baltimore 64 yrs. Mos. Days				
	5. SEX Male 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	aug. 1, 1888 65			
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1) OF BUSINESS OR 1 DUST.	Trance			
	Scandoru	Frances  Trances			
(	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2/6-0.3-173/	Emma Machin 3620			
	CAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	OF DEATH Clarenell Rd INTERVAL BETWEEN ONSET AND DEATH OSCIETOTIC Cardiovascular Disease			
	ANTECEDENT CAUSES				
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPE	YES NO			
	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.				
	Z 21D.TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY NOT WHILE AT NOT WHILE AT WORK AT WORK				
	22. I certify that I took charge of the remains described	above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry that said deceased died on the day stated above,			
	and death in my opinion resulted from: natural cause	Assistant Medical examiner   236. Date signed   Assistant Medical examiner   236. Date signed   Assistant Medical examiner   236. Date signed	0		M.D.   ASSISTANT MEDICAL EXAMINER
	DATE RECEIVED BY   RECEITAR'S SIGNATURE	deemer Dalto. mal J 25. FUNERAL DIRECTOR ADDRESS			
-	LOCAL REGISTRAR	D/2 1/2 / The HIDICAMON SOM			



Registered No before admission)

If Under 1 Year

ADDRESS

Cross

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

NO

YES

190 I that I last saw the

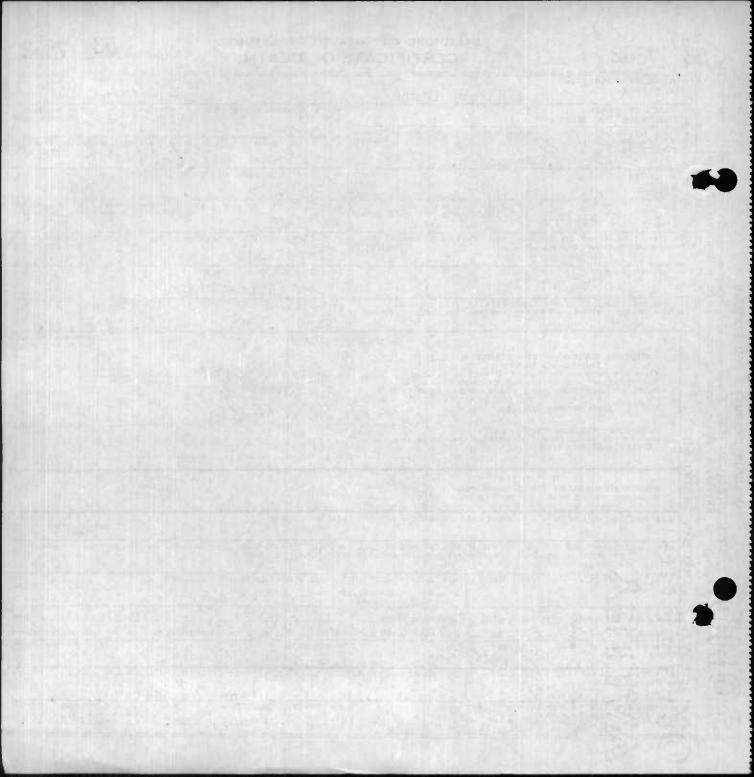
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ADDRESS

715 Light St.

23c, DATE SIGNED

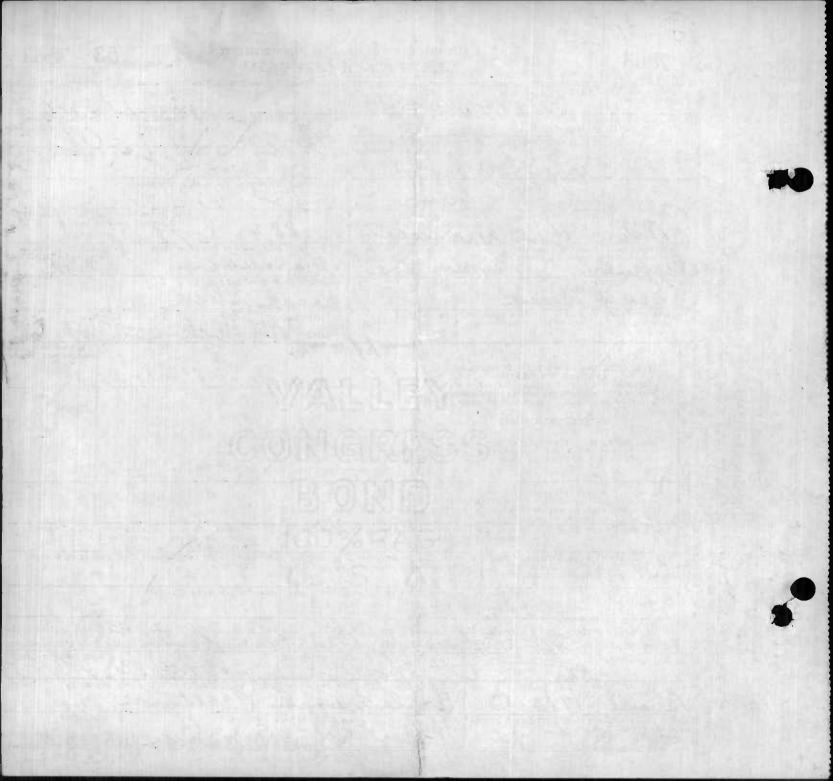
township)



3	7863	BALTIMORE CITY HE			53 7863
ie	BIRTH NO.	CERTIFICAT	E OF DEA	IH months	
1 (	NAME OF DECEASED Type or Print)	EVER Glick		2. DATE OF DEATH SEP	+2,1953
	Baltimore City, Maryland	-	4. USUAL RESI	DENCE (Where deceased lived, If	institution : residence before admission)
В		pital or institution, give street address or location)	//lar//	and 37.	ts, write RURAL and give
. 11	NSTITUTION SINGLE	4-nitel	196/7	4mily #30	5 township)
- loly	9 211141 11	Yrs.	D. STREET ADD	RESS (If rural, give location)	
leg	. Length of stay in Baltimore	60 yrs. Mos. Days	23 2	- York St	(
an	S. SEX OLOR OR RAC	E 7. SINGLE, MARRIED, WIDQWED, DIVORCED (Specify)	8. DATE OF BIR	9. AGE (In years last birthday)	if Under I Year on the Days Hours Min.
clearly	OA. USUAL OCCUPATION (Give kind property of the control of the con	of JOB, KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE	Citate or foreign country)	12. CITIZEN OF
	3. FATHER'S NAME	7,000	14 MOTHER'S	MAIDEN NAME	
death	David Blick	R	Sarah	suck	
0 (Y	(15. WAS DECEASED EVER IN U, S. ARM (es, no or unknown) (1f yes, give war or da	16. SOCIAL security No.	Miss 11	to Glick - 25 E	Jorla St.
causes	118. 177X	CAUSE	OF DEATH		VINTERVAL BETWEEN ONSET AND DEATH
the c	DISEASE OR CONDITION			211 0-11	SHOE! AND DEATH
	(This does not mean the mode heart failure, asthenia, etc. It m	e of dying, e. g., (A) (A) (A)	nonia of	J. D. Kor J. J. J. J. J. J. J. J. J. J. J. J. J.	
please write	injury or complication which				
2 2	ANTECEDENT CAL	USES (B)			
plea	DISEASES OR CONDITIONS,	A) STATING THE DUE TO			
CA CA	UNDERLYING CONDITION		***************************************	***************************************	7444444
Physicians:	11				
nysi ER	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT	RELATED TO THE			
E 0	19A. DATE OF OPERATION	NG IT.  19B. CONDITION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED	TO   20. AUTOPSY?
nt.		WAS PERFORMED		CAUSE OF DEATH, ENTER	
important.	21A. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMI	OF about home, farm, factory, street, office		ERE DID (If in Baltimore City OCCUR?	give exact location)
	21D TIME (Month) (Day) (Year OF INJURY			W DID INJURY OCCUR?	
especially	O. INJURI	m. WHILE AT NOT WHI		/	
peci	22. I hereby certify that I a	ittended the deceased from	pt / 19	' ' '	I that I last saw the
	deceased alive on 2	2, 1953, and that death occur	rred at 5 41 238. ADDRESS	m., from the causes and on t	he date stated above.
133	The Y	El Mario	Smai	Those & Balls	9/2/53
age	24A. BURIAL, CREMA- 24B. DATE	24C NAME OF CEMETE	RY OR CREMATOR	Mhaat a	, or county) (State)
ect	12 unal   7/3/	13 ansker	runah	12 allimore	Ind.
	DATE RECEIVED BY REGISTRA	R'S SIGNATURE	John Land	RECTOR BUD - 11	ADDRESS

North One.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING



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l. The	1.	NAME OF DECEASED P
pplied	3. A.	PLACE OF DEATH: Baltimore City, Maryla
ully suly.	B. HO	FULL NAME OF (If not DESPITAL OR STITUTION \$13
leg-	c.	Length of stay in Balti
uld be	E	sex 6. COLOR of
ING ormation should be death clearly and le	10 work	A USUAL OCCUPATION (G
NG rmatio death	13	Houses
of ut	15 (Yes	
MARGIN RESERVED FOR BIN NFADING INK. Every item of i sysicians: please write the causes	CERTIFICATION	DISEASE OR CONE LEADING T (This does not mean the heart failure, asthenia, et injury or complication  ANTECEDEN  DISEASES OR CONDIT RISE TO THE ABOVE CAL UNDERLYING CONDIT
MAF TH UNFA it. Physic	11 1	OTHER SIGNIFICANT TRIBUTING TO THE DEA TO THE DISEASE OR CO
Ly, WIS	MEDICAL	21A. ACCIDENT WAS UI LYING OR CONTRIBU CAUSE OF DEATH  21D. TIME (Month) (Day OF INJURY
ASE WRITE PLA	24 T10	22. I hereby certify the deceased alive on 23A. SIGNATURE 14A BURIAL. CREMA-24B. REMOVAL (Specify)

52	MODA
	1004
Registered No_	

	BIRTH NO. CERTIFIC	ATE OF DEATH	Registered No.						
	1. NAME OF DECEASED BESSIE FRO	TEDMANN	2. DATE 9-2-53	>					
I	3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE A. STATE	(Where deceased lived, If institution : resid B. COUNTY before ad	lence mission)					
	B. FULL NAME OF (If not inchespital or institution, give street addr HOSPITAL OR INSTITUTION	41	If outside corporate imit write RURAL	nd give					
	ou 2010 servicey and		ore 10.						
	Yoursthand when the Dutter	Yrs. D. STREET ADDRESS (Mos. Days	of rural give location)						
1	8. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WITOWED, DIVORCED (S	8. DATE OF BIRTH	9. AGE (In years If Under I Year If Und (aft) rthday) Months Days Hour	or 24 Hours 8 Min.					
1	10A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS (Tork thome during most of working life, even if retired)		foreign country) 12. CITIZEN O WHAT GOT						
1	13. ATHER'S NAME	14. MOTHER'S MAIDEN	NAME						
	Morris	uaa							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY	NO. Marion Fr	edwann - Lan	re					
	18. 42011 CAU	SE OF DEATH	INTERVAL B ONSET AND						
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	late Myacardia	1 interction						
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			. * . 00					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 6405. ASO.								
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	MAS ASO.	go, soae opout						
	UNDERLYING CONDITION LAST.								
	OTHER SIGNIFICANT CONDITIONS CON-	1							
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<b>b</b> ~							
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF	OPERATION	20. AUTO	PSY7					
	218. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, atreet, office CAUSE OF DEATH		(If in Baltimore City, give exact location	on)					
	OF INJURY OCCUPANT OF INJURY OCCUPANT OF INJURY OCCUPANT	CURRED 21F. HOW DID INJU	RY OCCUR?						
3	22. I hereby certify that I attended the deceased from-		present, 19_, that I last s	saw the					
	deceased alive on 1953 and that death	occurred at 12 m., from	the causes and on the date stated						
	23A. SIGNATURE Heerley Muller M.	D. 914 N. Char		IGNED					
				(State)					
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Marie Law	K X100 Gutaw	RB					
	VS 150	Sance							
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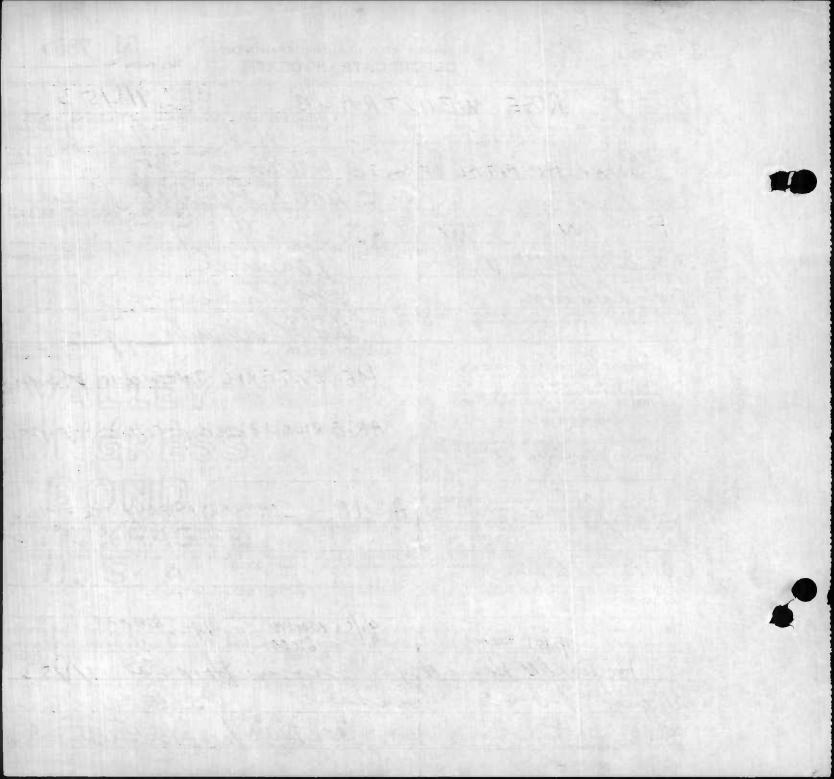
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7865 Registered No.

1 1 1	RTH NO.											
(T	NAME OF DE 'ype or Print)	ROSE	EW	EINT	-RA	U	3		2. DATE OF DEATH	1/2/	5-3	
	PLACE OF DE Baltimore C	EATH: lity, Maryland				4. USU.	AL RESID	ENCE WI	here deceased liv		itution : residence before a emis	
	FULL NAME O	OF (If not in hospit	al or instituti		40 11-	c. chi	OR TOWN	1ac	nutside cornora	limit w	rite RURAL and	give
11	SIN	A. HASI	PITAL	OF BA	11	H	alte	mo	web	7	town	
4		751 11001	////	-	Yrs.	D. STRE	ET ADER	ESS (If r	ural give location	(h)	1	
		tay in Baltimore		10	Mos: Days	1800	DLa	ryn	with	1	oad	_
5.	F	6.COLOR OR RACE		E. MARRIED. PED. DIVORCED		8. DATE	OF BIRTI	0	9. AGE (in year	rs H Under y) Months	Vas Hours 1	Hous Min.
WOT	dens during most of	CUPATION (Give kind of f working life even if retired)	IOB. KIND	OF BUSINES	S OR DUSTRY	II. BIRT	APLACE (	State or for	reign Country)	12.	CITIZEN OF WHAT COUNT	rry?
	B. FATHER'S N					14. MOT	HER'S MA	LIDEN NA	ME			
1	not x	nown				101	1 SC	no	wer			
18 (Ye	S. WAS DECEASE B, no or unknown)	D EVER IN U.S. ARMEI (If yes, give war or date	FORCES? s of service)	16. SOCIAL SECURIT	Y NO.	Or. INFO	DRMANT	utra	sel-	ADDR	ESS	
11	18. 450	.0		CA	USE O	F DEA	TH				INTERVAL BETW	
		E OR CONDITION	TH		Mr	CE	NIF	0.1	THROM	4.50		
	(This does heart failur	not mean the mode ore, asthenia, etc. It mea	f dying, e. g	c, (A)	1715	36	NIL	KIC	IMKOM	<b>212</b>	Lyhor	120
	injury or	complication which c	aused death	.) DUE TO								- 17
7		ANTECEDENT CAUS	ES	(B)	ARTI	ERI	OSLL	ERASI	S (GEA	14.	8-10 cm	2
0	DISEASES	OR CONDITIONS, IN	F ANY, GIVIN	IG DUE TO								*******
CATI	UNDERLY	ING CONDITION LA	ST.	(C)	****				1*00v5: <b>0001: 00 4.0</b> 00; 000	****************	****************************	
IL.		11								-	1	-
CERTI	TO THE	NIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO		SHL	7 -	COR	ONAR	YARTER	Y DISEA	SE -3-44	no
AL		F OPERATION 1		TION FOR WE	HICH OPE	RATION	٧	IF OPERAT	TON WAS RELA F DEATH, ENT R PART II	TED TO	20. AUTOPSY	5
EDIC	OR CONTRIB	INT WAS UNDERLY BUTING CAUSE OF IFY MEDICAL EXAMINE	about	. PLACE OF IN home, farm, factory, a			21c. WHE		If in Baltimore	City, give	e exact location	)
2	OF INJURY	Month) (Day) (Year)		TIE. INJURY O	CCURRED NOT WHILE		21F. HOW	ונאו מום	URY OCCUR?			
	22 I haveh	u acetifa that I att	m.	deceased from	AT WORK	3 10	OOPM9	10 0	1/2 , 6:2	PAN	hat I last sau	- the
H	dcceased al	y certify that I att ive on <b>9/2/53</b>	4:00 11	and that deat				, from th	e causes and		late stated ab	
	23A, SIGNAT	DWARDN	Rose	· M/		B, ADD		i 14	mails		3C. DATE SIGN	
2/	A. BURIAL, C	REMA- pecify) 248. DATE	13	24C, NAME OF	CEMETER	Y OR CR	EMATORY	24D. LG	PATION (City,	town, or o	county (St	ate)
	ATE RECEIVED		SSIGNATU	700		5. FUN	IERAL DIE	RECTOR	000	AL	DDRESS	0
L	SEP 3		i grafine i	Villiams	· May 8	rer	Leuk	do pur	2600	Bu	Tow /	2
	VS 150		0		(/							

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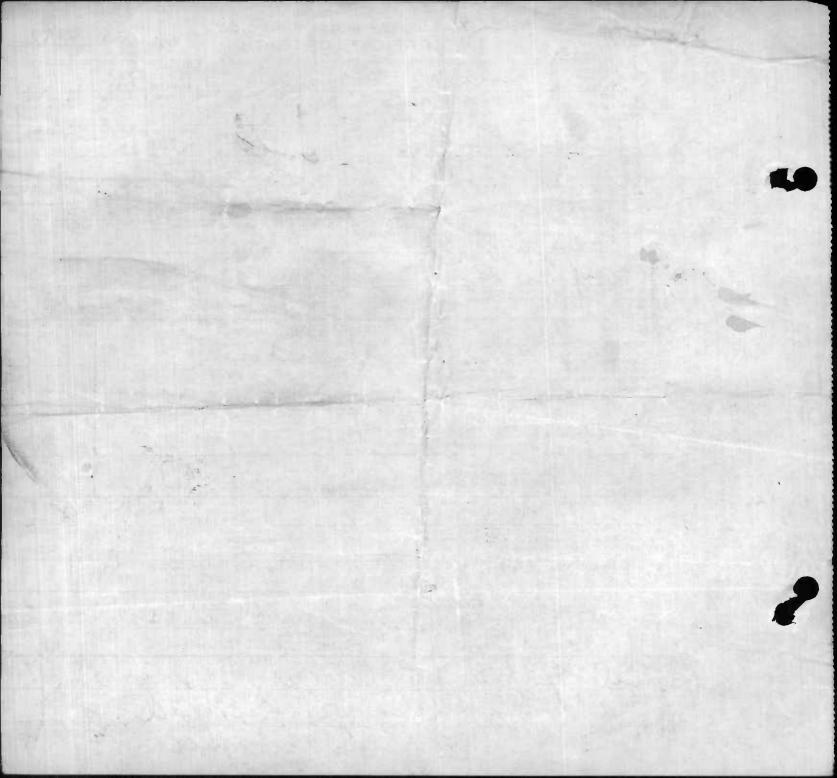
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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	)
1. NAME OF DECEASED (Type or Print)	Zenito		2. DATE OF DEATH 9-2-	-53
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	3. City Md.	A. STATE	E (Where deceased lived, If in B. COUNTY	stitution: residence before admission)
HOSPITAL OR INSTITUTION	l Balto.		(If outside corpora e limits,	write RUR (Lond give township)
c. Length of stay in Baltimore	Yrs. 47 Moor Days	D. STREET ADDRESS	(If rural, give location)	m Rd.
5. SEX   6. COLOR OF RACE   7. SINGL	E. MARRIED, WED, DIVORGED (Specify)	8. DATE OF BIRTH	9. AGE (In years   H be	nder I Vaer   If Under 24 Hours tha: Days   Hours   Min.
F W ma	O OF BUSINESS OR	1890	60	
work done during most of working life even if retired)	INDUSTRY	Russia	or foreign country)	2. CITIZEN OF WHAT COUNTRY?
Derle Lack		14. MOTHER'S MAIDE	N NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	IT INFORMANT	it - Ha	DRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the disea injury or complication which caused deat  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVE RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.	g., (A) acut	à myoco anction	rdial	ONSET AND DEATH
$\overline{o}$	(C)			Dha . \$2572;2000;070200100 #8***********************************
OTHER SIGNIFICANT CONDITIONS CONTRIB		•		
19a. DATE OF OPERATION 19B. CONE WAS PERFO	ITION FOR WHICH OF	CAUS	PERATION WAS RELATED TO E OF DEATH, ENTER IN I I OR PART !!	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	B. PLACE OF INJURY ( t home, farm, factory, street, office		ID (If in Baltimore City, g	ive exact location)
210 TIME (Month) (Day) (Year) (Hour) OF INJURY m.	21E. INJURY OCCURRI	LE	INJURY OCCUR?	
22. I hereby certify that I attended the	· ·	1/6 1955, to		that I last saw the
deceased alive on 1/2, 1903 23A. SIGNATURE Atanley B. Hor	and that death occur	38. ADDRESS	om the causes and on the	date stated above.
100, REMOVAL (Specify) 9-3-53	240 NAME OF CEMETE	RY OR CREMATORY 24	Delto	r county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAT LOCAL REGISTRAR	Elisius Chy	TUEK KUN	De 21006	Cours R

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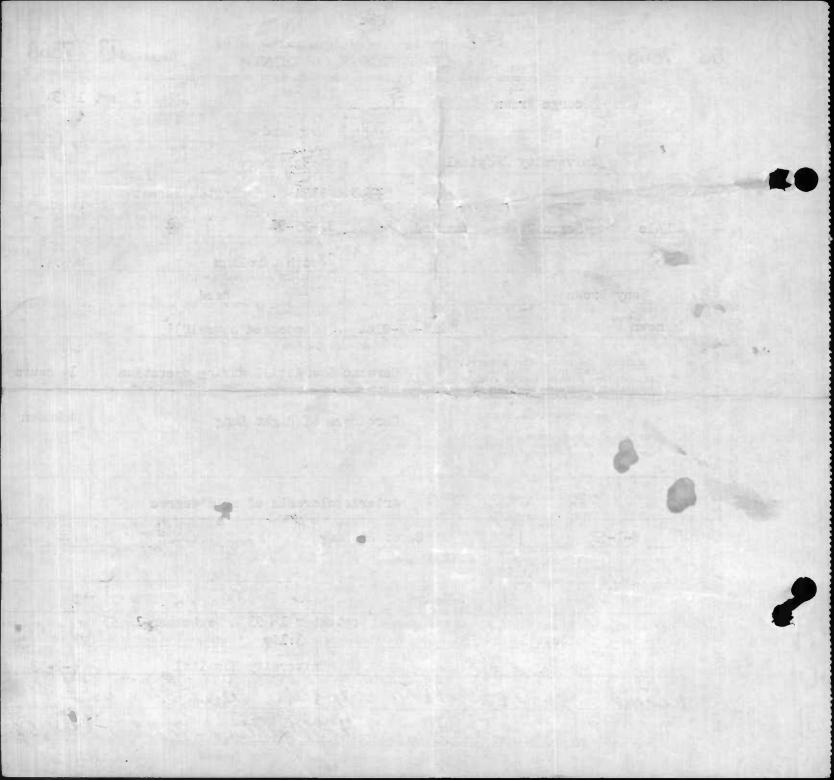
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33	BII	7808 RTH NO.			CERTIFICAT	E OF DEA	TH	Registered	No_	7000
11		NAME OF D	George Brow	m	MARKET THE	2. DATE OF DEATH 1 Sept 1953				
ıpplie	A.		City, Maryland			4. USUAL RES		Where deceased lived.  B. COUNTY	If insti	tution; residence before admission)
e carefully supplied. legibly.	HC	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  University Hespital				C. CITY OR TOWN (If outside corporate Inits, write RURAL			township)	
arefu	2	Township of a			25 Yrs.	O. STREET ADD	DRESS (If	rural, give location)		
should be	5.	sex Male	6. COLOR OR RACE	WIDOW	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIR		LO ACE Un wone.	if Under Months	Veet H Under 24 Hours Days Hours Min.
	10	A. USUAL OC	Negro CCUPATION (Give kind of of working life, even if retired)		rried OF BUSINESS OR INDUSTRY	II. BIRTHPLACI		oreign country)	12.	CITIZEN OF WHAT COUNTRY?
NDING information s of death cle	13	FATHER'S				South Ca		AME	1	U.S.A.
NG deg			Brown				Re	ed		
BINDING of inform uses of dea	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Unknown 218-97-0104				17. INFORMANT	ESS				
~ 5 11	-	18. /637	<	496	CAUSE	OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
FOR the car		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not need to be an expectation)  Cardiac Standstill during operation								1 hours
		(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease,							TZ Monta	
Ever Write			complication which ca							
P4 1			ANTECEDENT CAUS	ES	Carcine	ma of Righ	t Lung			unknown
RESERVED G INK. Ever please write	TION	RISE TO 1	GEASES OR CONDITIONS, IF ANY, GIVING E TO THE ABOVE CAUSE (A) STATING THE OUE TO DERLYING CONDITION LAST.							
SIN ans:	10				(C)			***************************************		
MARGIN F UNFADING Physicians: p	ERTIF	TO THE	11 GNIFICANT CONDITIONS DEATH BUT NOT R	ELATEO TO	UTING Arterio	sclerosis	of mili	l degree		
led .	AL C		or condition causing of operation	B. CONDI	TION FOR WHICH OF	eration	CAUSE C	TION WAS RELATED OF DEATH, ENTER OR PART II		20, AUTOPSY?
ILY, WITH important.	1EDIC	OR CONTRI	ENT WAS UNDERLYI BUTING CAUSE OF TIFY MEDICAL EXAMINE	NG 218	B. PLACE OF INJURY (bome, farm, factory, street, office	e.g., in or 21c. Wh				
TE PLAINLY,	2	210 TIME OF INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHI WORK AT WOR	LE	W DID IN	JURY OCCUR?		
PL. ecia		22. I herel	by certify that I att	ended the	deceased from Sej	tember 1, 19	53, to Se	eptember 119	53 th	rat I last saw the
TE		deceased a	live on Sapt 1	, 19_53,	and that death occur	rrcd at 3:30p	m., from t	the causes and on	the d	late stated above.
/RI is		23A. SIGNA	TURE	ax.	(1.	38. ADDRESS Universi	ty Hos	ital	2:	3c. DATE SIGNED . 9-2-53
PLEASE WRI'	24	A. BURIAL,	Specify)		249 NAME OF CEMETE	RY OR CREMATOR		OCATION (City, to	wn, or c	
LEA	DA	ATE RECEIVE CAL REGIST	ED BY REGISTRAR'S		JRE COLO	25. FUNERAL E	DIRECTOR	0.	AD	DORESS
що	-	ED3 1	953 77	" Akerk	Villiania, A	y. Hal	elead	-418 M	illa	Mat Dan
		43 150								



MARGIN RESERVED FOR BINDING

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

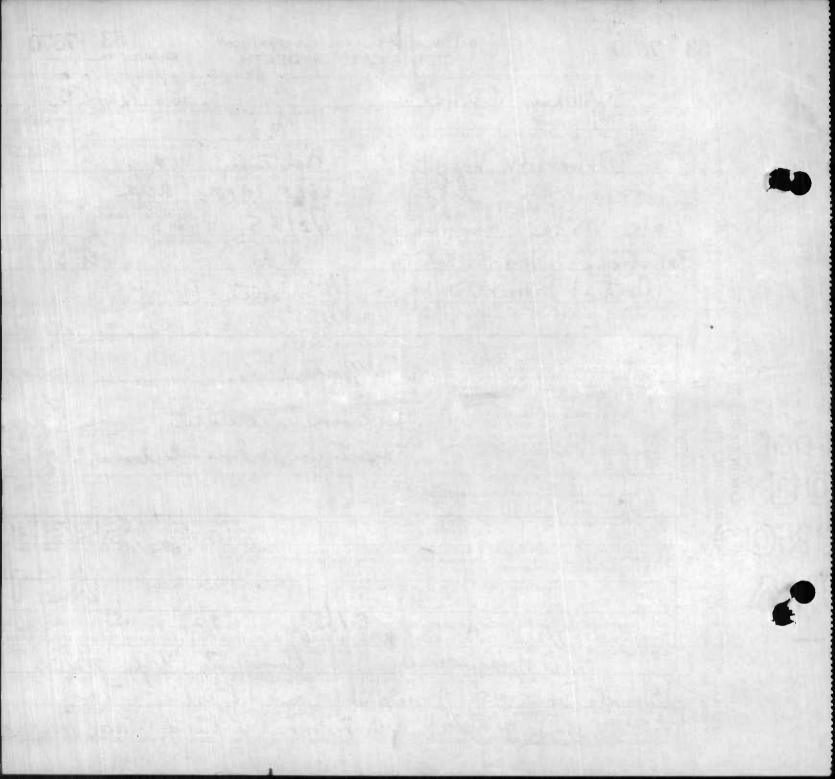
Registered 53 7869

The	BI	RTH NO.		C	ERTIFICATI	E OF DEAT	ГН	Registered	1 10	
I	1.	NAME OF D		T . 1 T	D			2. DATE		055
ed.				John L.	Dantoni			DEATH SE	pt 2, 1	1953
supplied		Baltimore (	EATH: Sity, Maryland			A. USUAL RESID	DENCE (W	here deceased lived.  B. COUNTY	If institution before	: residence ore admission)
ins	В.	FULL NAME		al or institution,	give street address or		ryland			1
ly		OSPITAL OR	4004 W		location)	C. CITY OR TOW		outside corporate li	nits, write RU	RAL and give township)
ful ly.	2-1		4204 "	llishir	e Avenue		ltimor			
e carefully legibly.					Yrs. Mos.	D. STREET ADDR				
leg	-		tay in Baltimore		Days			e Avenue		
be nd 1	5.	SEX	6. COLOR OR RACE	7. SINGLE, N	MARRIED, DIVORCED (Specify)	8. DATE OF BIRT	ГН	9. AGE (In years last birthday)	If Under 1 Year Months: Days	H Under 24 Hours Hours Min.
uld y a	-	a le	white	mar	ried	1	1885	68		
on should be	10	A. USUAL OC	CUPATION (Give kind of	108. KIND O	F BUSINESS OR	11. BIRTHPLACE			12. CIT12	
cle		Salesma	n Di Paul	a Bros.	MIDOS III	Baltimore	e, Mar	yland	T. U.	S.A.
ttio	13	B. FATHER'S	IAME		SEA FORDILL	14. MOTHER'S M	AIDEN NA	ME		
lea		James	Dantoni			Ca the rine	9 ?			
information s of death cl	15	. WAS DECEAS	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?   1	6. SOCIAL	17. INFORMANT			ADDRESS	
f ind	{1e	s, no or unknown)	(II yes, give war or dut	se of service)	SECURITY NO.	Mrs. Eli:	z. C.	Dantoni,	4204 \	Villbire
ou		18. 1/ 5	, and	Eggia	CAUSE	OF DEATH			INTER	VAL BETWEEN
Every item of i		400	SE OR CONDITION	DIRECTLY	2/	1 - 1	_ ^	Ma 1.	ONSET	AND DEATH
the the			LEADING TO DEA	TH	(A) Juy	Locua	und	Mell	11 50	1400
te	19	heart failt	re, asthenia, etc. It me	ans the disease,	1/6	1 100 00	0	Λ:	8	1/57
E		injury or	complication which		DUE TO	Just on	Lan.	Vike	02/ 1	11, 0
			ANTECEDENT CAU	SES	1 A	IM NA	1/	Nit-101	11	
INK.	O	DISEASE	S OR CONDITIONS.	F ANY, GIVING	(8)	01000	7 /	M KY	(h)	******
Id	Ě	UNDERL	HE ABOVE CAUSE (A)	STATING THE	DUE TO	att lot	TVA	A	74	
NI Sec	O.				(C)	ay John	1 X	vanu	7	******
UNFADING Physicians:	IFIC		11		V - 4					
FA	RT	OTHER SIG	DEATH BUT NOT	CONTRIBUTI	NG					
Phy	CE	DISEASE	R CONDITION CAUSIN	G IT.						
1-1	4	19A. DATE C		19B. CONDITION WAS PERFORM	ON FOR WHICH OF	PERATION	CAUSE O	TON WAS RELATED	IN F	UTOPSY
VLY, WITH important.	CAL	214 ACCID	ENT WAS UNDERLY	INCEL 218 P	LACE OF INJURY (	e a la orl 210 WHI	PART I O	R PART II	ity, give exac	t location)
Ort	ā	OR CONTRI	BUTING CAUSE O	F about hom	e, farm, factory, street, office	bldg.,etc.) INJURY	OCCUR?			,
mp,	Z					-				
PLAINLY ecially imp		OF INJURY	(Month) (Day) (Year		HILE AT NOT WHI		רעו סום א	URY OCCUR?		
PLAIN ecially				m.	WORK AT WOR		50	1 (1 )		
PI		22. I herel	y certify that I at	tended the de	ceased from	4/1-Sig	), to	119518	), that I	last saw the
TE		deceased a	live op	, 19(), an	d that death occur		n., from th	re causes and or	n the date s	tated above.
WRITE e is est		23A. SIGNA	TURE	1. /		3B. ADDRESS -	Mr.	11/10	23c. D.	ATE SIGNED
e M		7-1	TOOK /KI	mote	7 м. р. /	0011 4111	nn	NIIL	17	132
age	2. TI	4A. BURIAL.	CREMA- 24B DATE		C. NAME OF CEMEYE		37.00			
PLEASE correct ag		Buria	Sept 5	1953   H	Holy Redeer			timore, M		
PLE.	D	ATE RECEIVE	D BY   REGISTRAF	S SIGNATUR	115 413	STORONERA!	RECTOR		ADDRES	SS
A S	1	OCAL REGIS	153 Hourita	brown No	Manning 13	Leonard	Ruch	5305 H	ar ford	Road

1 200 (1 45)

#### BALTIMORE CITY HEALTH DEPARTMENT

The		CERTIFICATI	E OF DEAT	H Register	red No
e carefully supplied.	1. (T	NAME OF DECEASED.  Sype or Print)  Robert  Robert		2. DATE OF DEATH	9/2/53
	Α.	PLACE OF DEATH: Baltimore City, Maryland	A. STATE NA .		ed. If institution; residence Y before admission)
	H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN	(If outside corporate	fimils, write RUHAL and give township)
	c.	Length of stay in Baltimore Like Mos. Days	1615 N	ISS (If rural, give location)	
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	92/15	las bir hday	Months Days Hours Min.
on she	7	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR kidneduring most of working life, even if retired) - Dallo City	Md.	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IDING information should be of death clearly and		Curtis Patrick Dilley	Elin elie	DENNAME ANNIE	9
	15 (Ye	5. WAS DECEASED EVEN IN U. S. ARMED FORCES?  8. no or duknown) (If yes, give war or dates of service) SECURITY NO.	MRS. ChA	RIOTTE 5 I	illey Moore
R em cal		DISEASE OR CONDITION DIRECTLY	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
T A		LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lnjury or complication which caused death.)  DUE TO	hupyfice		loday
24	z	ANTECEDENT CAUSES	ovorculos a	undent	85 days
IN RESE ING INK. ns: please	ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	tensive sur	divinula de	ion Hyro
MARGIN F UNFADING Physicians: p	ERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	•		
1	AL C	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF WAS PERFORMED		F OPERATION WAS RELACED FOR THE PART I OR PART II	TEO TO 20. AUTOPSY?
00	MEDICA	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)			City, give exact location)
	2	210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  MHILE AT NOT WHI AT WORK AT WOR	LE	DID INJURY OCCUR?	
		deceased alive on 19, 1955, and that death occur	1/53 o, 19 rred at 1/8 ft m.		1953, that I last saw the on the date stated above.
RI		23A. SIGNATURE KAS H. W LOW M. O.	23B. ADDRESS	unity Work	23C/DATE SIGNED
ASE Wect age	710	4A. BURIAL, CREMA-124B. DATE ON REMOVAL (Specify)  LOS 5-1953 M (Meland)	TOUR TOUR	Dalto	town, or county (State)
PLEAS correct	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 JUNERAL DIR	ECTOR PLACE.	ADDRESS



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17-	-2	0	0
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JO	NO	01.	L

# RAMIA BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	7871
Tregrettit Tion	

BIRTH I	NO.			CERTIFICATE	E OF DEATI	Н	Stelli Ito	
1. NAME (Type or	E OF DE	CEASED	Florenc	e Ramis		2. DATE OF DEATH	9-2-19	
A. Balti		ity, Maryland	1 :	i da adduses on	A. STATE M	NCE (Where deceases	d lived. If insti	itution: pridence before admission)
B. FULL HOSPITA	AL OR	Baltimore Ci 4940 Eastern	ty Hosp	on, give street address or location)	c, CITY OR TOWN	ltimore	10	te BURAL and give township)
c. Leng	rth of st	ay in Baltimore	1 1	Yrs. Mos. Days		ondson, Ave		
5. SEX Fonal		6.COLOR OR RACE	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In last birt	vears If Inda	l Year If Under 24 Homs Days Hours Min.
10A. US work doneds	UAL OCCURING MOST OF	CUPATION (Give kind of working life, even if retired)	10B. KIND		11. BIRTHPLACE (S	State or foreign country	y)   12.	CITIZEN OF WHAT COUNTRY?
	HER'S N.				14. MOTHER'S MA	IDEN NAME		
15. WAS (Yes, no or	DECEASE	D EVER IN U. S. ARMED (If yea, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	40 Eastern.	ADDF	RESS
TFICATION  ON  UI  PU  PU  PU  PU  PU  PU  PU  PU  PU	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  DUE TO  (B)  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
(1)	O THE	DEATH BUT NOT I	RELATED TO		PERATION	F OPERATION WAS R	ELATED TO	20. AUTOPSY?
21A. OR O DEA.	WAS PERFORMED  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH, ENTER IN YE  21A. ACCIDENT WAS UNDERLYING  CAUSE OF DEATH, ENTER IN YE  21B. TIME (Month) (Day) (Year) (Hour)  21B. INJURY OCCUR?  21B. TIME (Month) (Day) (Year) (Hour)  21C. WHERE DID (If in Baltimore City, give expending the part of							YES NO E
22.	I hereby	ive on 9-2	m. tended the, 19_53.		26 195 rred at 6:40a m.	, from the causes	and on the	hat I last saw the date stated above.
TION, RE	URIAL, C MOVAL (S)	REMA- 248. DAYE pecify) 10-4-53		24c. NAME OF CEMETE Baltimore	940 Eastern I		City, town, or	
DATE 6	REGISTI	D BY   REGISTRAR	'S SIGNATU	JRE	25. FUNERAL DIR			DDRESS



1.12 E18271-108 Sealer St. AND THE PERSON NAMED IN THE PERSON OF SHAPE THE PROPERTY OF THE PARTY nd the same of the behavior of the same of

See query reply in Document File 

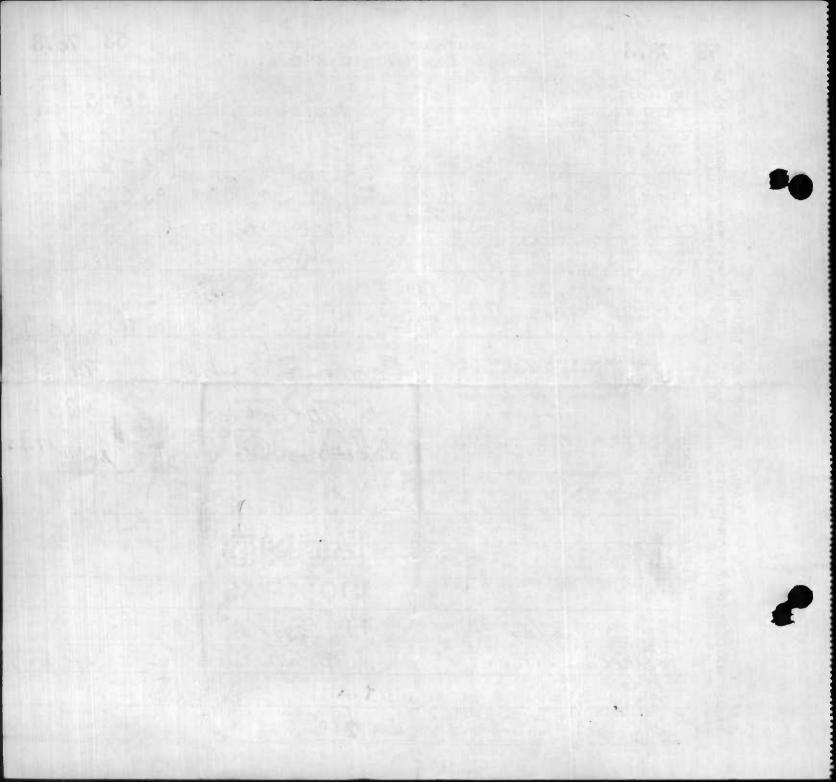
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7873

	D 1 E	TH NO.			CERTIFICATI	E OF DE	ATH	Registere	ed No.	
=		NAME OF DE	CEASED ()					2. DATE		
	(Ту	pe or Print)	Thil	omeni	a Talad			OF DEATH	1-53	
		Baltimore C	ity, Maryland			4. USUAL RE	SIDENCE (W	here deceased live B. COUNTY	d, If institution bef	residence fore admission)
1	B. F	ULL NAME (	OF (If not in hosp	ital or institut	tion, give street address or location)	c. CITY OR To	OWN (III	outside corposite l	limits and a le	GAL and wive
1	INS	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	006 n.C.	astle	St.	Bal	to.	Outside Con	-04	township)
	-				Yrs.	D. STREET AL	DDRESS (If	rural, give location	1)	
-			ay in Baltimore		44 Mos. Days	1006	N Cast			
	5. \$	EX	6. COLOR OR RAC	WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF B	1867	9. AGE (In year last birthday)	Months Day	B Hours Min.
			CUPATION (Give kind	of 108. KINE	D OF BUSINESS OR	11. BIRTHPLA	CE (State or fo	reign country)	12. CITI	
V	ork o		working life, even if retire	(I)	INDUSTRY	MORO	ivia		USA	T COUNTRY?
ŀ	13.	FATHER'S N				14. MOTHER'S	MAIDEN NA	AME		
-			Unknow	un			Unk	nowy.		
	15. Yes.	WAS DECEASE	D EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SOCIAL SECURITY NO.	17, INFORMA	NT ,		ADDRESS	1. 0.
		NO.				Rose S	. WIMR	ey 406	Fighu	Rth Wol.
	4	18. 420	1		CAUSE	OF DEATH	$\wedge$		ONSE	RVAL BETWEEN
			E OR CONDITION		0-	~ ~	harand	Lase	PI	173152
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								
		injury or	complication which	caused death	h.) DUE TO	241			A	1 10115
	_		ANTECEDENT CA	JSES	Gyr.	TH40 8	nditio	5	ju	2, 1941
	ATION		OR CONDITIONS			A			· dos	10/10
4	AT		HE ABOVE CAUSE (A		(C) Supp	rynsics.	Coros	o Ves Old	of Ma	4177
	읪							die		
	RTIFIC	OTHER SIG	II NIFICANT CONDITION	NS CONTRIB	UTING					
	ш		DEATH BUT NOT		O THE					
	0 -	19A. DATE O	F OPERATION O	198. COND WAS PERFO	ITION FOR WHICH OF	PERATION	CAUSE C	TION WAS RELATED DE DEATH, ENTE		AUTOPSY?
	CA -	21A. ACCIDE	NT WAS UNDERL	YING 21	B. PLACE OF INJURY		WHERE DID	(If in Baltimore	City, give exa	ct location)
	미		SUTING CAUSE		t home, farm, factory, street, office	hldg.,etc.) INJUI	RY OCCUR?			
	Σ	21D. TIME (	Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR		HOW DID IN.	JURY OCCUR?		v
	-		3	m.	WORK AT WOR		== 8	7.11	*	
		22. I hereb	y certify that I		e deceased from	71 / 130	19 3 to	ej x 1 , 1	,	last saw the
2			ive on	7, 195	and that death occu		_m., from t	he causes, and		Stated above.
2		28A, SIGNA		Spane	R. M. D.	BO ( V/	Kelle	mh	De	4213
0	24	A. BURIAL,	REMA 248. DATE		24C. NAME OF CEMETE	RY OR CREMAT	ORY   240. L	OCATION (City,	town, or count	y) (State)
	TIO	N. REMOVAL (S	pecify) 9-4	53	Odk	1,11	Rol	to Md		
2	DA	TE RECEIVE	D BY   REGISTRA	R'S SIGNAT	URE	25. FUNERAL	DIRECTOR		ADDRE	
		CAL REGIST		anton	3 Miliamor M	FRANK	Chach +	Son 900	N. Cho	ster &

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

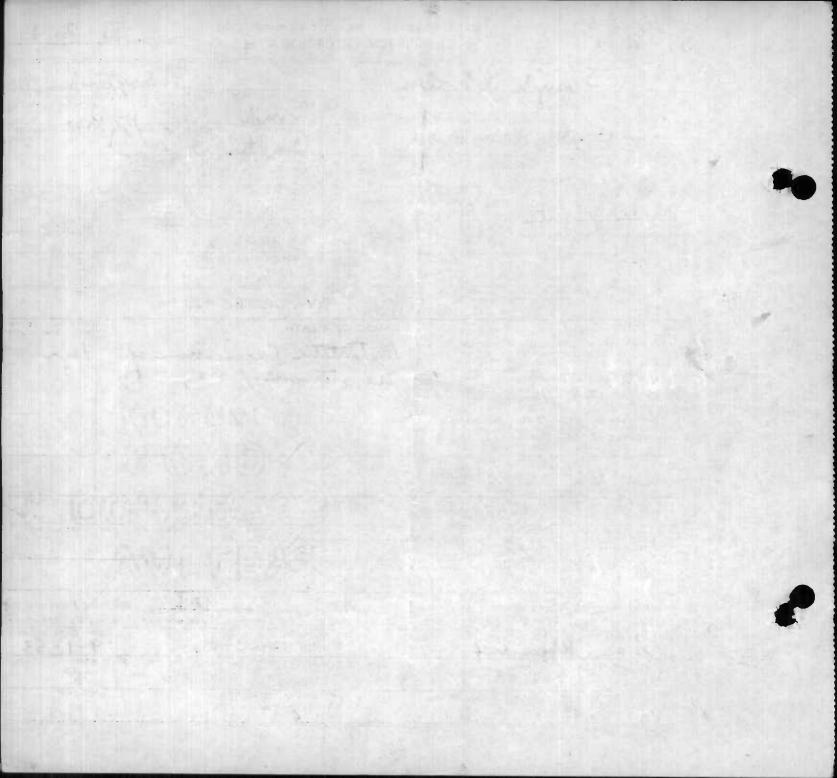
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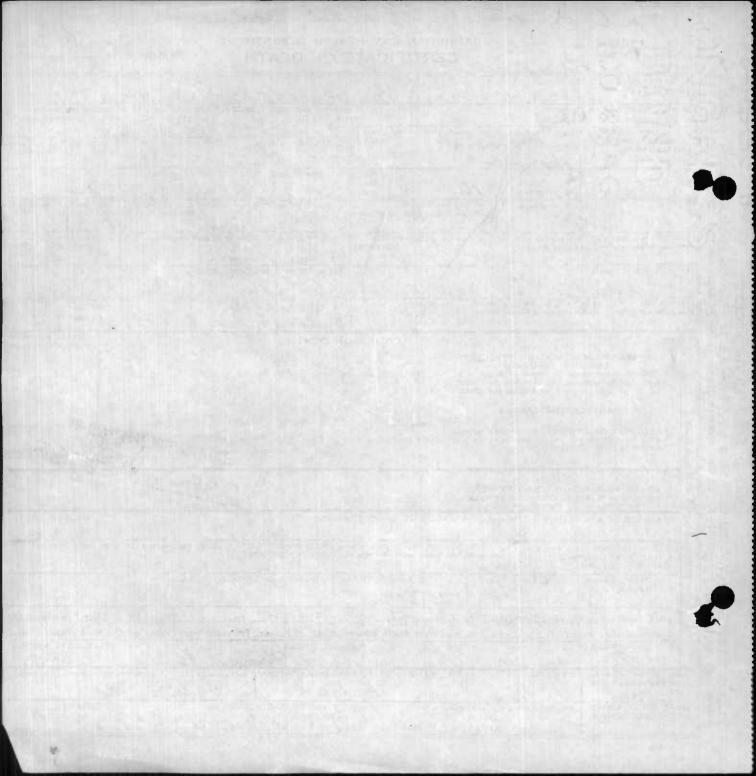


CHALUS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 7874

(	NAME OF DECEASED Type or Print)	DEATH Sertember 1.1953
3 A	s. PLACE OF DEATH: a. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institutions residence A. STATE B. COUNTY before admission)
H	N. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION  WHOSPITAL  HOPKINS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
legibly	Length of stay in Baltimore 43 Yrs.	SOON. Bradford St.
y and	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2 - 2 - 1881 9. AGE (In years   Water   Year   Hours   Min.
cleari	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or foreign eduntry)  (2 ec 405/avally  12, CITIZEN OF WHAT COUNTRY?
deat	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TO (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS OCHNS HOPKINS HOSPITAL
write t	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	statue Carcinoma of 1 yr
lease	ANTECEDENT CAUSES	stored
Physicians: piease CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN
ortant. Physicians: please DICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (about home, farm, factory, street, office)	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH. ENTER IN PART I OR PART II P. g., in orl 21C. WHERE DID (If in Beltimore City, give exact location)
ortant. Physicians: please DICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION  19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING  21B. PLACE OF INJURY (about home, farm, factory, street, office)	DERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II PART I OR PART I O
ortant. Physicians: please DICAL CERTIFICATION	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (ADMINISTRATION OF CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from Contribution of the contribution of th	DERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II PART I OR PART I O
e is especially important. Physicians: please MEDICAL CERTIFICATION	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY OF	PERATION  IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II  S. S., in or Didg., etc.)  INJURY OCCUR?  ED  21F. HOW DID INJURY OCCUR?  (E)  1 1, 1963, to 9 1 1, 1963, that I last saw the red at \$30 \text{ m., from the causes and on the date stated above.}  3B. ADDRESS  100HNS HOPKINS HOSPITAL  20. AUTOPSY?  VES NO PART II  VES
ect age is especially important. Physicians: please	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (ABOUT HOME), CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OCCURRE OF INJURY OF INJ	PERATION  IF OPERATION WAS RELATED TO CAUSE OF DEATH. ENTER IN PART I OR PART II  S. S., in or Didg., etc.)  INJURY OCCUR?  ED  21F. HOW DID INJURY OCCUR?  (E)  1 1, 1963, to 9 1 1, 1963, that I last saw the red at \$30 \text{ m., from the causes and on the date stated above.}  3B. ADDRESS  100HNS HOPKINS HOSPITAL  20. AUTOPSY?  VES NO PART II  VES

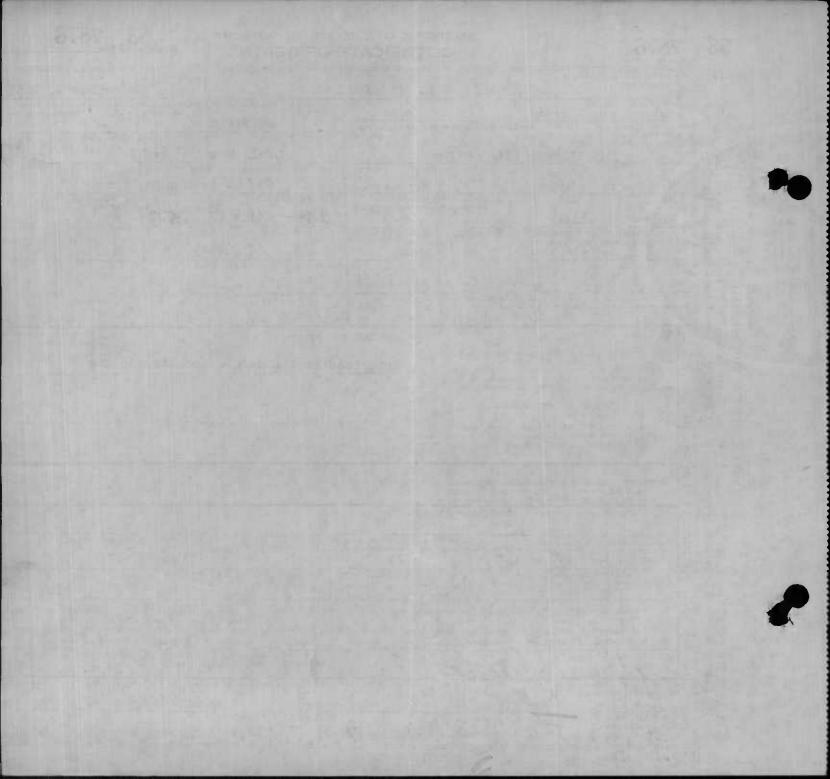




1-60	0
7876	
BIRTH NO.	

53	7876
Registered	No.

₹ 11 '75%' /L."	Paristered No.
BIRTH NO.	E OF DEATH Registered No.
I. NAME OF DECEASED (Type or Print)	2. DATE
EDWARD H. MOO.	RE DEATH September 2, 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address of	
HOSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, write RORAL and give
Baltimore City Morgue	Baltimore 5 township)
	D. STREET ADDRESS (If rural, give location)
C. Length of stay in Baltimore  c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	920 E. Baltimore Street
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE 110 years If linder 1 Year I if linder 24 Hours
Male White Widowed Divorced County	JAN- 1891 last hirthday) Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Work done during most of working life, even if retired)  13. FATHER'S NAME	B 0 + MI WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME
5 Trues m Marc	a. 8111
James M, Moore  15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	- una upple
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Chas, W. Moore 1331 Northern PKury
CAUSE  DISEASE OR CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,	osclerotic cardiovascular disease
	A COUNTY OF THE PARTY OF THE PA
injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
UNDERLYING CONDITION LAST.	
CC)  CC CC CC CC CC CC CC CC CC CC CC CC CC	
TI OTHER SIGNIFICANT CONDITIONS CON-	THE RESERVE OF THE PARTY OF THE
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DISEASE OR CONDITION CAUSING IT.	RATION   20. AUTOPSY?
	YES X NO
ZIA. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (c. g., underlying  OR CONTRIB. about home, farm, factory, street, office bldg., uting  Cause of Death.	in or   21C. WHERE DID (If in Baltimore City, give exact location)
Z1A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e. g., about home, farm, factory, atreet, office bldg, uting Cause of Death. 2 21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURS OF INJURY	etc.) INJURY OCCUR?
E Z 21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?
DI.   WORK   AT WORK	1.   Asstonate
22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection or	above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or	Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from . matural education	8 🗷, aecident □, suicide □. homicide □, undetermined □.
23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER X
	M.D.   MEDICAL INVESTIGATOR     Dept. 2, 1903
	ERY OR GREMATORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	hus Kingsville Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
SEP 3 1 1 millingtone settletters	484 Book Suc. 1217 St. Paul St.
VS 151 js	1984 Pook Duc. 1217 St. Paul J.



Every RESERVED INK. UNFADING Physicians: MARGIN WITH important.

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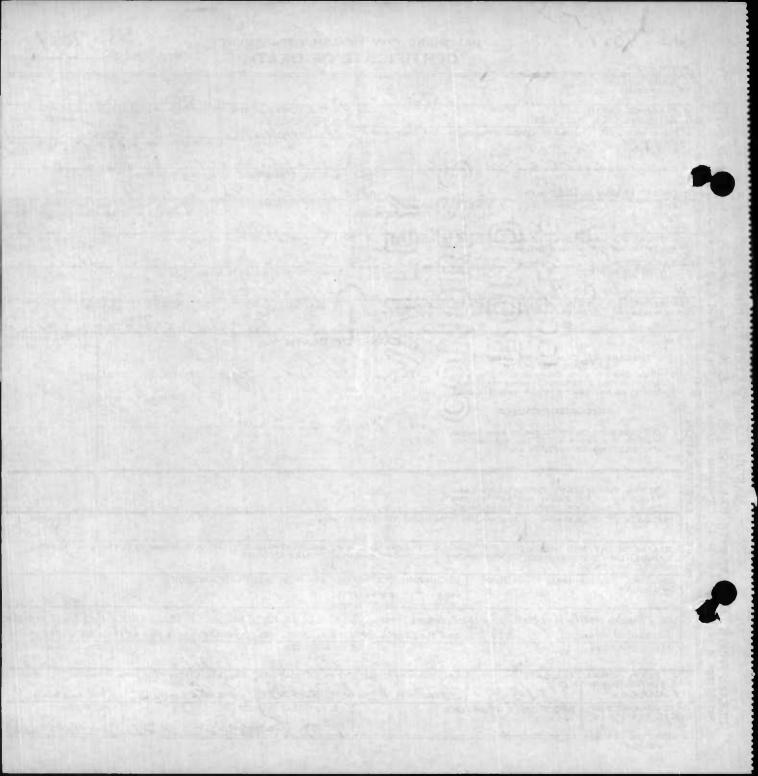
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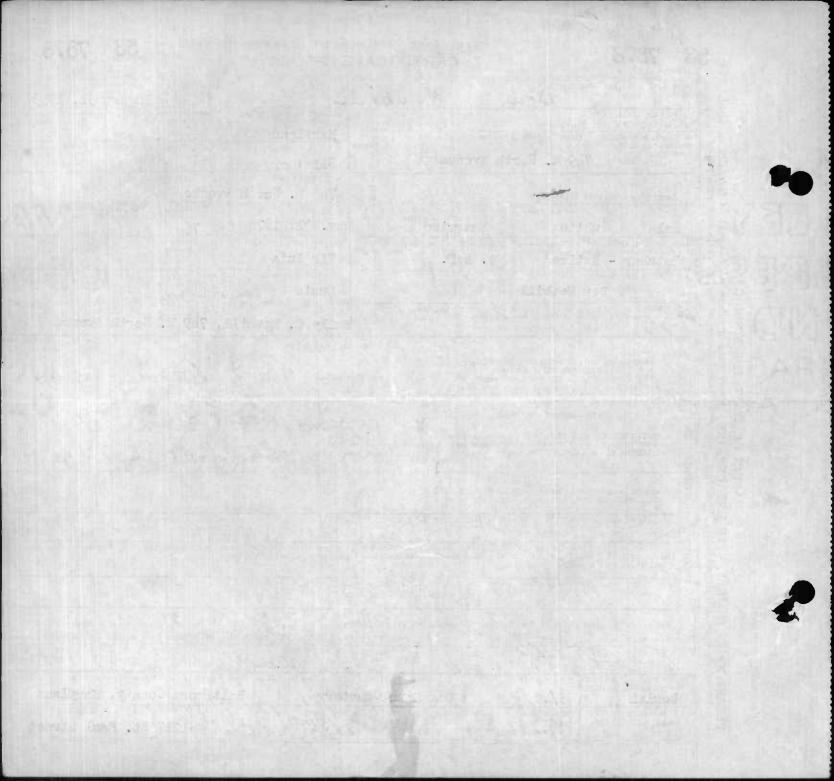
, 1951, that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on. 19.51, and that death occurred at 5 -Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED IA 24A. BURIAL CREMA-TION REMOVAL (Sherify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY DATE RECEIVED BY 25. FUNERAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR VS 150



Register 53 7878

The		RTH NO.	FICATE	OF DEAT		6
for BINDING item of information should be carefully supplied.	(T	Sype or Print) Dew New	ubilL		2. DATE OF DEATH AUGUS	st 31, 1953
		PLACE OF DEATH: Baltimore City, Maryland	- A	STATE	DENCE (Where deceased lived, If in B. COUNTY	institution : desidence before admission)
	H	FULL NAME OF (If not in hospital or institution, give str OSPITAL OR		Maryland c. CITY OR TOWN (If outside corporate smits, write the RAL and give		
	0	749 W. North Avenue		Baltimore		township)
	C	Length of stay in Baltimore	Yrs. Mos. Days	749 W. No.	ress (If rural, give location) rth Avenue	
	5.	sex 6.Color or RACE 7. SINGLE, MARRIE WIDOWED DIVOR married	D. (Specify) 8	. DATE OF BIRT	TH 9. AGE (In years	Under I Year H Under 24 Hours nths Days Hoors Min.
	work	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  Butcher - Retired  A. & P.	INDUSTRY	i. Birthplace Virginia	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Dew Newbill	1	Susie	Un Ku own)	
	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yes, give war or dates of service) SECU	150 150 100 100	7. INFORMANT		n Avenue
		18. 420.1	CAUSE OF	DEATH		INTERVAL BETWEEN DNSET AND DEATH
中中		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Corone	my hea	ut disease	3 days.
RESERVED FINK. Every please write the		injury or complication which caused death.) DUE	03	5.	1 11	
RESERINK.	Z	ANTECEDENT CAUSES  (B)	Conge	ehm a	earl givace	7mos.
IN RE NG IN	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	· Coron	any the	no losi 1-	1 yr -
MARGIN UNFADING Physicians:	ERTIF	II  DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.				
ш.	AL C	19a. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPER		IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	N YES NO P
ILY, WITH important.	IEDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE O OR CONTRIBUTING CAUSE OF DEATH (NDTIFY MEDICAL EXAMINER)	FINJURY (e. g. tory, street, office bld		ERE DID (If in Baltimore City, OCCUR?	give exact location)
AINL Illy im	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT WORK	NOT WHILE	21F. HOV	V DID INJURY OCCUR?	
WRITE PLAINLY,		22. I hereby certify that I attended the deceased deceased alive on 24, 1953 and that	from Jan			that I last saw the
WRIT e is e		La Sicologia Cook	M. D. 238	3 Mar	mland and	9-/- 53
	2. TI	ON, REMOVAL (Specify)	of CEMETERY	DR CREMATOR	Baltamore County	
PLEASE correct ag		ATE RECEIVED BY   REGISTRAR'S SIGNATURE	awii cemete	J. WHERAL DA	RECTOR	ADDRESS
F 8	1	SEA REGISTRAR Huntargion Value	THE GAM	Mill.	ook 1217 St. 1	Paul Street

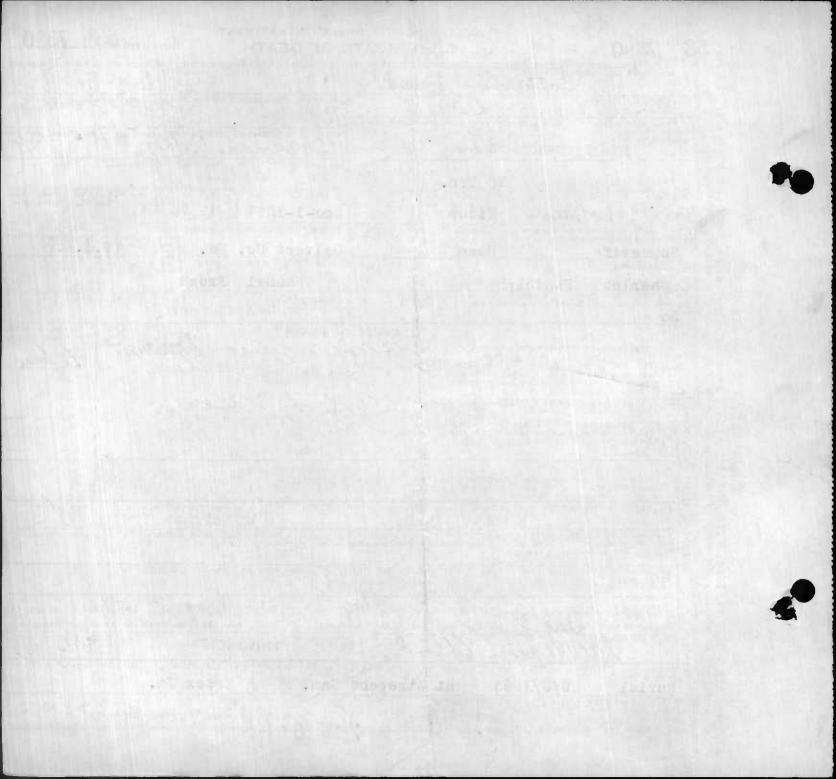
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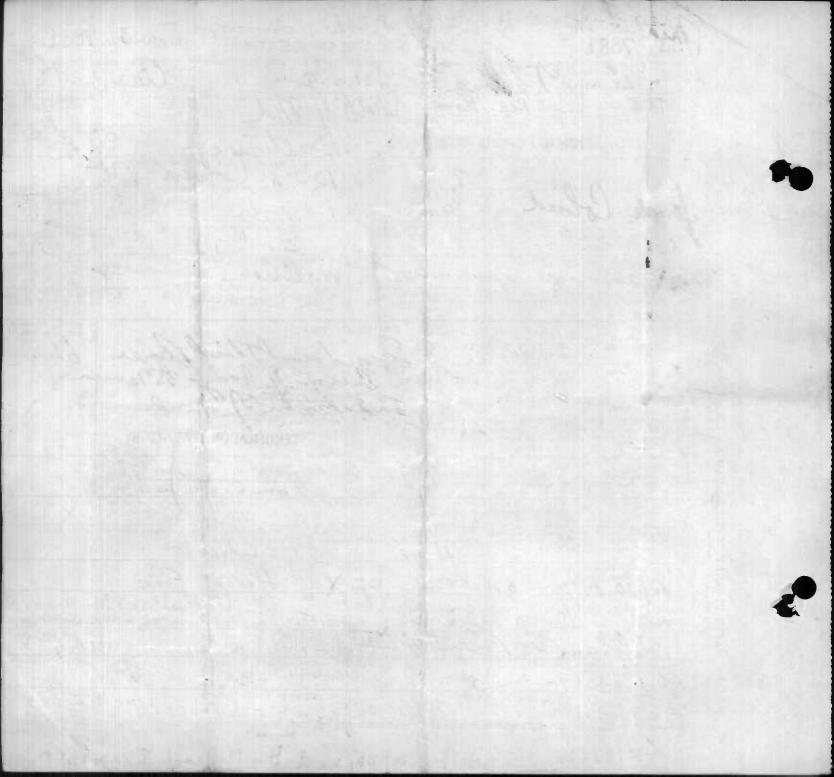
	RTH NO.			ERTIFICAT	TE OF	DEATH	Registere	d No.
i'i	NAME OF D	JO:	HN H.	BOHLEN			2. DATE OF DEATH Sep	ot. 2, 1953
	PLACE OF D Baltimore	City, Maryland			A. USL	AL RESIDENCE		. If institution : residence before admission
В.	FULL NAME		al or institution	n, give street address o		Maryland		timere
IN	ISTITUTION	Baltimore	Cita Hos		C. CITT	Baltimor		mits, write RURAL and give township
		Deloratore	0109 1103	Yrs.			(If rural, give location)	)
		tay in Baltimore	li		3		aski Highway	5300
	SEX	6. COLOR OR RACE	7. SINGLE, WIDOWEI	MARRIED. D, DIVORCED (Specif		OF BIRTH	9. AGE (In years last birthday)	H Under 1 Year   H Under 24 Hours Months; Days   Hours; Min.
	Male	White CUPATION (Givekind of		ried OF BUSINESS OR	Jan.	27, 1907	46	
worl	done during most	of working life, even if retired)		INDUSTR	Y	Coun	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	old roll:		Eastern	Stainless S		Balto. M	d.	U.S.A.
	John I	H. Bohlen				helmina L		
15 (Ye		ED EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.		ORMANT		ADDRESS
	no	none		SECORITY NO.	Mrs.	John H.	Bohlen-8339 P	ulaski Highway
CATION	heart failt	LEADING TO DEA's not mean the mode oure, asthenia, etc. It mea complication which of	of dying, e.g.,	(A)Hyperte	ensive	cardiovas	cular disease	
CAT	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE	Pulmons Due to (C)	ary ede	ma		
RTIFICATI	OTHER S	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE ST. TIONS CONNOT RELATED	DUE TO	ary ede	ma.		
L CERTIFICATI	OTHER STRIBUTING	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II BIGNIFICANT CONDI S TO THE DEATH, BUT IISEASE OR CONDITION	F ANY, GIVING STATING THE ST.  TIONS CON- NOT RELATED CAUSING IT.  9B, MAJOR F	(B)	ERATION			20. AUTOPSY? YES X NO
DICAL CERTIFICATI	OTHER STRIBUTION TO THE DIESE T	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDI S TO THE DEATH, BUT IISEASE OR CONDITION	F ANY, GIVING STATING THE ST.  TIONS CONNOT RELATED CAUSING IT.  9B. MAJOR F	(B)	ERATION	WHERE DID URY OCCUR?	(If in Baltimore Cit.	
DICAL CERTIFICATI	OTHER STREET OF TRIBUTION TO THE DISTRIBUTION TO THE DISTRIBUTION TO THE DISTRIBUTION OF THE DISTRIBUTION	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II GIGNIFICANT CONDITION S TO THE DEATH, BUT INSEASE OR CONDITION OF OPERATION 11  NAL CAUSE WAS G OR CONTRIB.	TIONS CON- NOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLAC about home, farn  (Hour) 21 whi	DUE TO  (G)  INDINGS OF OPE	RATION , in or 21c ,:,etc.) INJI	WHERE DID		YES X NO
EDICAL CERTIFICATI	OTHER STRIBUTION TO THE DESCRIPTION OF INJURY	S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II GIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION DF OPERATION  NAL CAUSE WAS G  OR CONTRIB. CAUSE OF DEATH.	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE about home, farm (Hour) 21 m. whi	E OF INJURY (e. g., factory, street, office bldg	RATION in or 21c, etc.) INJI	WHERE DID URY OCCUR? HOW DID INJ	URY OCCUR?	y, give exact location)  thereon and from
EDICAL CERTIFICATI	OTHER STRIBUTION TO THE D  19A. DATE C  21A. EXTERI UNDERLYIN UTING C INJURY  22. I certical the everand december 1.	SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  FINE CONDITION LA  BIGNIFICANT CONDI S TO THE DEATH. BUT INSEASE OR CONDITION  OF OPERATION II  NAL CAUSE WAS IG OR CONTRIB. CAUSE OF DEATH.  (Month) (Day) (Year)  fy that I took char idence obtained by with in my opinion	TIONS CONNOT RELATED CAUSING IT.  21B. PLAC about home, farm  (Hour) 21  WHI  Type of the resaid Autops	E OF INJURY (c. g., m, factory, street, office bldg  E. INJURY OCCUR  ILE AT NOT WHILE AT WORK  Emains described  Sy. Inspection or	RATION  in or 21c  in,etc.) INJ  RED 21F  above, he  Inquiry, es [1], acc	where DID JRY OCCUR? HOW DID INJ Autor find that said ident $\square$ , suice	URY OCCUR?  OPSY  osy, Inspection or Inqui  d deceased died on  ide □, homicide □	y, give exact location)  thereon and from the day stated above undetermined
MEDICAL CERTIFICATI	OTHER STRIBUTION TO THE D  19A. DATE C  21A. EXTERI UNDERLYIN UTING C  21D. TIME OF INJURY  22. I certi the eve and de  23A. SIGNA	SOR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  FINE CONDITION LA  BIGNIFICANT CONDI S TO THE DEATH. BUT INSEASE OR CONDITION  OF OPERATION II  NAL CAUSE WAS IG OR CONTRIB. CAUSE OF DEATH.  (Month) (Day) (Year)  fy that I took char idence obtained by with in my opinion	TIONS CON. NOT RELATED CAUSING IT.  9B. MAJOR F  21B. PLACI about home, farm (Hour) 21 m. why eye of the re said Autops resulted fro	EOF INJURY (e.g., n, factory, atreet, office bldg  E. INJURY OCCUR  ILE AT NOT WHILE AT WORK  Emains described  sy, Inspection or m: natural caus	above, he Inquiry, es I, acc	where DID JRY OCCUR?  HOW DID INJ  Autor find that said ident [], suic CHIEF MEDIC. ISTANT MEDIC	OPSY  opsy, Inspection or Inqui  deceased died on  ide  , homicide    AL EXAMINER	y, give exact location)  thereon and from the day stated above undetermined 23c. DATE SIGNED Sept. 3, 1953

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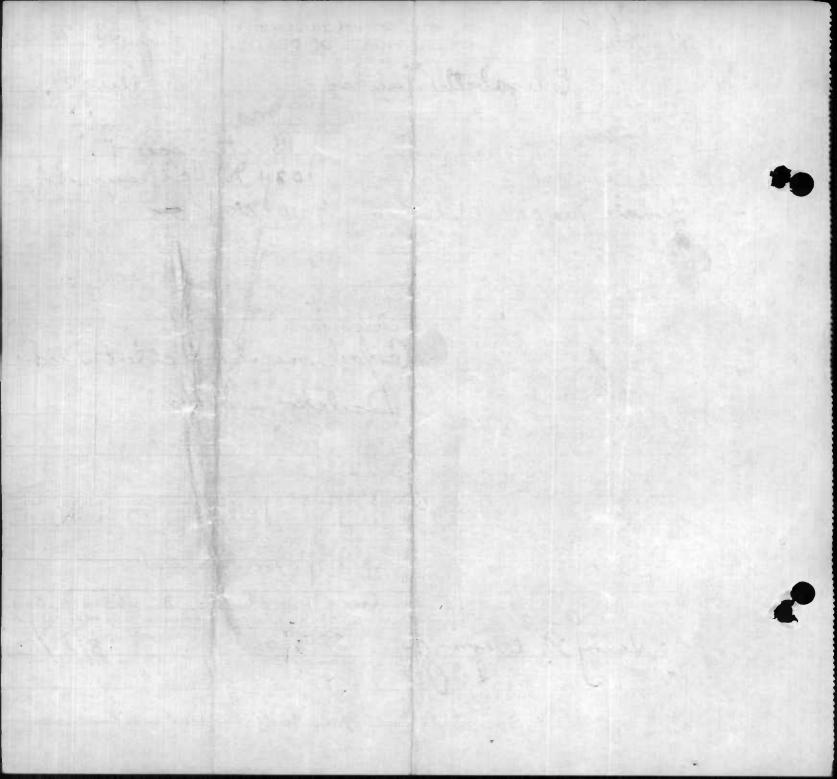
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HEALTH DEPARTMENT CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE OF (Type Prim) supplied. DEATN VSUALIBESIDENCE (Where deceased lived/If institution ! residence 3. PLACE OF DEATH A. Baltimore City, Maryland Rec. B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR (If outside corporate fimits, write I URAL and give CITY OR TOWN carefully INSTITUTION JOHNS HOPKINS HOSPITAL township) ai, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 7. SINGLE MARRIED If Under 1 Year 5 SEX OLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) last birthday) Months Days Hours Min. WIDOWED DIVORCED (Specify) plnods 11. BIRTHPLACE (State-or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? or Mone during most of working life even if retired) INDUSTRY information s 13. FATTER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) JOHNS HOPKINS HOSPITAL 16. SOCIAL ADDRESS SECURITY NO causes of INTERVAL BETWEEN CAUSE OF DEATH Every item write the cau 18. 6.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO **CERTIFICATION APPROVED BY** UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OR ASST. MEDICAL EXAMINER DISEASE OR CONDITION CAUSING IT. Ü 19B. CONDITION FOR WHICH OPERATION IF OPERATION WAS RELATED TO 19A. DATE OF OPERATION WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II important. 21c. WHERE DID (If in Baltimore City, give exact location) Ü 21A. ACCIDENT WAS LINDERLYING 218. PLACE OF INJURY (e. g., in or OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21F. HOW/DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) ZIE. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT ecially Av9 30 WORK WORK That I last saw the 191 22. I hereby certify that Lattended the deceased from 1952, and that death occurred at 1245 P.m., from the causes and on the date stated above. espe RITE deceased alive only 30 23c. DATE SIGNED 23B. ADDRESS 23A. S. GNATORE 23 M. D. JOHNS HOPKINS HOSPITAL A 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24A BURIAN, CREMA-24B, DATE PLEASE 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR Juntinglow



The	5.	CI MODO	TIMORE CITY HEAL		Registered 53	7882
	(1	NAME OF DECEASED Lisabet	h Law los		OF DEATH	31'53
ilqqı	Α.	Baltimore City, Maryland	A 4.	. USUAL RESIDENCE (Whe	re deceased lived. If institute B. COUNTY	tion : residence before admission
carefully supplied.	B. HO IN	FULL NAME OF (If not in hospital or institution OSPITAL OR NSTITUTION DOWNS HOPKINS HOSPITAL	on, give street address or location)	CITY OF TOWN (If our	tside corporate limits wi	te RURAL and div
d be carefu		HOSPITA	Yrs. D.	STREET ADDRESS (If run	d, give location)	0 4
	-	Length of stay in Baltimore  SEX [6.CQLOR OR RACE   7. SINGLE.	MARRIED 8.	DATE OF BIRTH 9	AGE (In years)   Woder	ンづけ   Yeat   If Under 24 Hours
	C	Temale hears Wood	DIVORCED (Specify)	9-10-1896	last birthday) Months	Days Hours Min.
on shoul	wor!	N. USUAL OCCUPATION (livekind of the done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	CHARLE (State or fore)		CITIZEN OF WHAT COUNTRY
NDING information s of death cle	13	3. FATHER'S NAME	14	MOTHER'S MAIDEN NAM	E Then	em
BINDIN of inforuses of d	15 (Ye	5. WAS OECEASED EVER IN U.S. ARMEO FORCES? es, no or unknown) (If yes, give war or dates of cervice)	SECURITY NO L	. INFORMANT	ADDRE	ss
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ED FOR BIN very item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Cardrel	vascular	accident.	3 cups
RV Wr		injury or complication which caused death.	DUE TO	10	7	
RESE INK.	NO	DISEASES OR CONDITIONS, IF ANY, GIVING	(B)	rtes melly	ris	*************************
RGIN R ADING I	CAT	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)			
MARGIN UNFADING Physicians:	ERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
н.	AL C		ION FOR WHICH OPERA		DEATH, ENTER IN	O. AUTOPSY?
LY, WITH	EDIC		PLACE OF INJURY (e. g., ome, farm, factory, street, office hidg.,	in or 21C. WHERE DID (If .etc.) INJURY OCCUR?	in Baltimore City, give	exact focation)
7.	Z	OF INITIPY	TE. INJURY OCCURRED  WHILE AT NOT WHILE AT WORK	21F. HOW DID INJUR	Y OCCUR?	
		22. I hereby certify that I attended the c	deceased from Que	9 157003, to au	931, 1953the	at I last saw th
WRITE re is esp		deceased alive on 31, 1953 a	238.	at 2 2m., from the	23	c. DATE SIGNED
	24	4A. BURIAL, CREMAN 24B.DATE 2 ON, REMOVAL (Specify	M. D. 4C. NAME OF CEMETERY	OHNS HOPKINS HOS	ATION (City, town, or co	unty) & (State)
PLEASE correct a	1	Jurial Sed 1.0, 1983	( mr. Ch	where O	altining	me.
PL		OCAL REGISTRAR REGISTRAR'S SIGNATUR	Villiamon 1	FUNERAL DIRECTOR	wiel the	LI Qu
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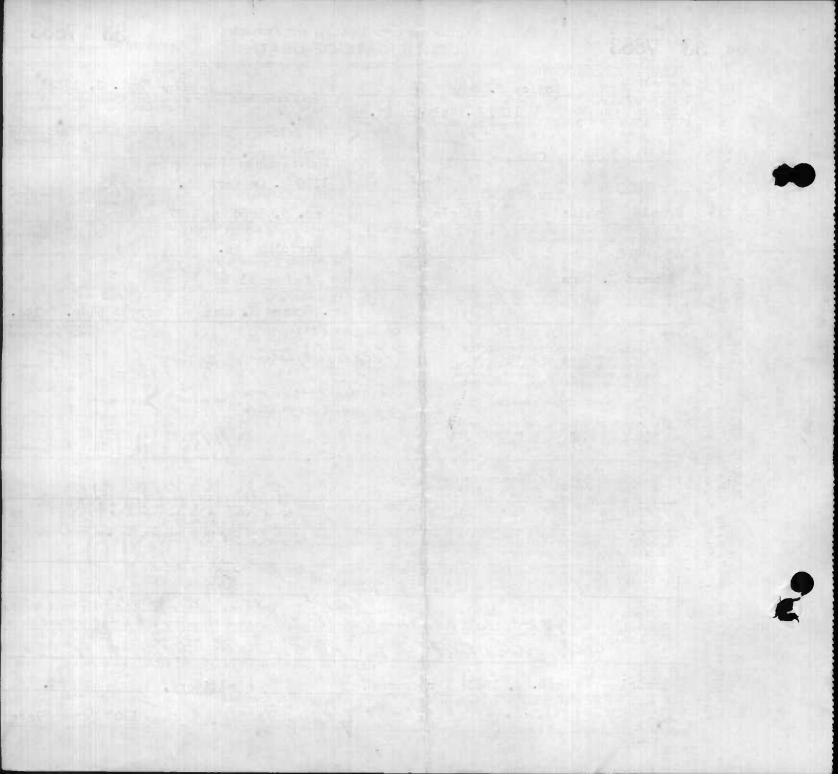
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MARGIN RESERVED FOR BINDING	TH UNFADING INK. Every item of information should be carefully supplied. t. Physicians: please write the causes of death clearly and legibly.
	t.H

### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

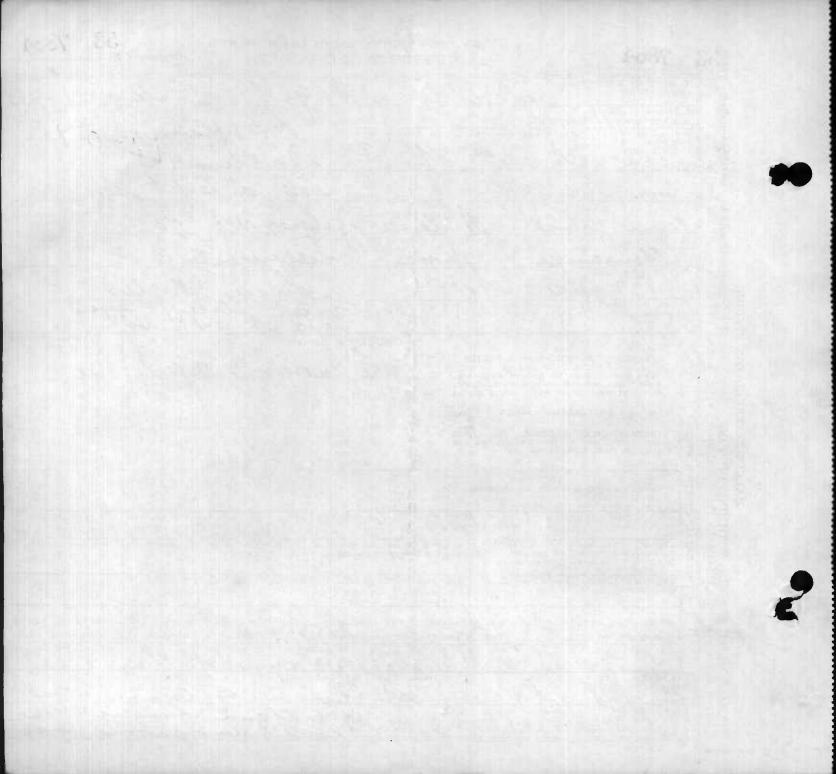
7883 Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF Gard 0 2057
Louisa K. Dunn	DEATH Sept. 2, 1953
A. Baltimore City, Maryland 1126 N. Calvert St.	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address locat INSTITUTION	c. CITY OR TOWN (If outside co perate limits, write RURAL and give township)
H	Baltimore. rs. D. STREET ADDRESS (If rural, gire lecation)
75 mears M	rs. D. STREET ADDRESS (If rural, gife leation) los. 1126 N. Calvert St.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specific Single	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OF INDUS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
none	Norfolkk Va.
13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward T. Dunn	Louisa Klein
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY N	17. INFORMANT ADDRESS
SECURITY N	Mr. Edward K. Dunn Garrett Bldg. Balto.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Ent Vintation (Jun 107) 2 Sugar Entry Delenosis smylen smood Senelily.
194. DATE OF OPERATION   198. CONDITION FOR WHICH	OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF DEATH, ENTER IN YES NO
DEATH (NOTIFY MEDICAL EXAMINER)	
	WORK WILE
22. I hereby certify that I attended the deceased from deceased alive on 1425, 1953 and that death	
23A. SIGNATURE A. Collatard M. D	15 6. Bille It Bough 1973/53
24A. BURJAL. CREMA- TION REMOVAL (Specify) Burial Sept. 4, 1953 Greenmoun	t:  Baltimore.  Md.
DATE RECEIVED BY LOCAL REGISTRAR CED 3	Baltimore, Md.  25. FUNERAL DIRECTOR ADDRESS  Whow Q. Mitchell Ans 1900 Eutaw Place



		P-200	
			EALTH DEPARTMENT 53 7884
253	BI	7884 CERTIFICATI	E OF DEATH Registered No.
I. I		NAME OF DECEASED Type or Print)	Page 2. DATE OF OF OF ARLINGS
plied		B. PLACE OF DEATH:	4. USTAL RESIDENCE (Where deceased lived, Minstitution: residence
dns	В.	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or location)	
ully		NSTITUTION OF STATE OF Location	township)
e carefu	Ü	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
d les		E. Length of stay in Baltimore Days  5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8, DATE OF BIRTH 9. AGE (In years) If Under 14 Hours
should be carefully supplied sarly and legibly.	1	Temale Colored WIDOWED, DISORCED (Specify)	July 27 1883 last birthday Months Days Hours Min.
	10 worl	OA. USUAL OCCUPATION (Givekind of vital done during most of working life, even if retired)  108. KIND OF BUSINESS OR INDUSTRY	11. BIJ THE (State or foreign (ountry) 12. CITIZEN OF WHAT COUNTRY?
tion th cl	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VDING information of death cle		mosts Store	Surie Tyler
BINDING of inform uses of dea	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (as, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Threson alice Pargess
- 5		18. / / ^ / . /) CAUSE	OF DEATH INTERVAL BETWEEN
0 40		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ONSET AND DEATH
2-		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	Feres severdice Treas to store
2		injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES	
RESEI INK. please	Z	(B)	
G II	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	
GIN ans:	FIC/		
MARGIN I UNFADING Physicians: p	RTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
Phy	CE	OISEASE OF CONDITION CAUSING IT	PERATION   IF OPERATION WAS RELATED TO   20, AUTOPSY?
- Hrt	AL	WAS PERFORMED	CAUSE OF OEATH, ENTER IN PART I OR PART II YES NO
~ 1	EDIC		e.g., in or bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	M	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
PLAINLY,		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
-		22. I hereby certify that I attended the deceased from 8-	-39 1953 to 8-30 , 1953 that I last saw the
7.		deceased alive on 8-30, 1953, and that death occur	rred at 12 m., from the causes and on the date stated above.
WRI ge is		Tereval & Tunk M.D.	1769 normus Falls Pluce 9-3-53
SE t ag		24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	RY OF CREMATORY 240. LOCATION (City, toyth, or county) (State)

n, or county) (State) DATE RECEIVED BY REDISTRAT'S SIGNATURE LOCAL REGISTRAR VS 150



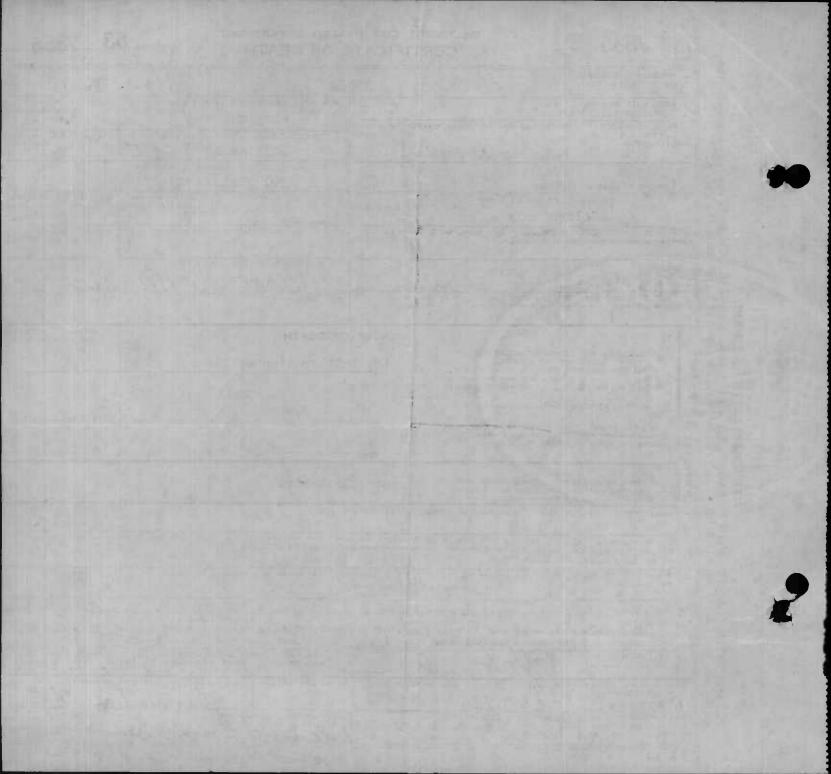
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V S 151

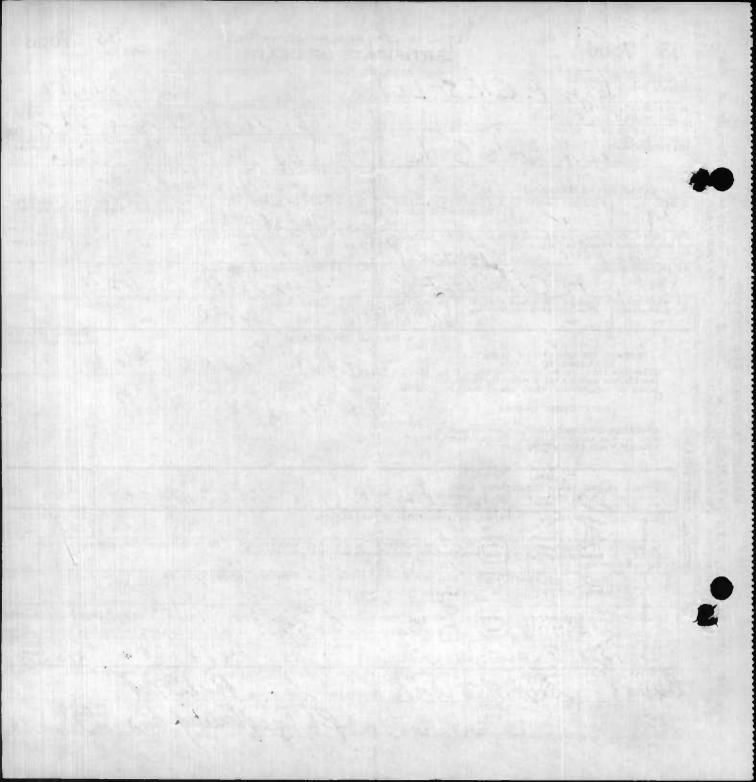
REGISTRAR'S SIGNATURE

BALTIMORE CITY HE CERTIFICATE		Registered 33_	7885
1. NAME OF DECEASED (Type or Print) WILLIAM JOHN	ISON 2	OF Aug. 31	, 1953
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (When		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION University Hospital		side corporate mits, w	RURAL and give township
c. Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rur 501 Eislen	Street	
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Sept 10 3	2	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11/BIRTAPLACE (State or foreign		CITIZEN OF WHAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FOR CES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	14. MOTHER'S MAIDEN NAM	Harry	et Ess
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES	OF DEATH  nfiltration of live	240.0	INTERVAL BETWEEN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	lcoholism		
19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING  OR CONTRIB. about home, farm, factory, street, office bldg., e		n Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT WORK AT WORK		CCUR?	
22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Insp nquiry, find that said dece ∠⊠, accident □, suicide □	ased died on the de, homicide , under	termined .
23A. SIGNATURE	238. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA B. MEDICAL INVESTIGATOR	MINER D 23C. D.	31, 1953

(State) FUNERAL DIRECTOR

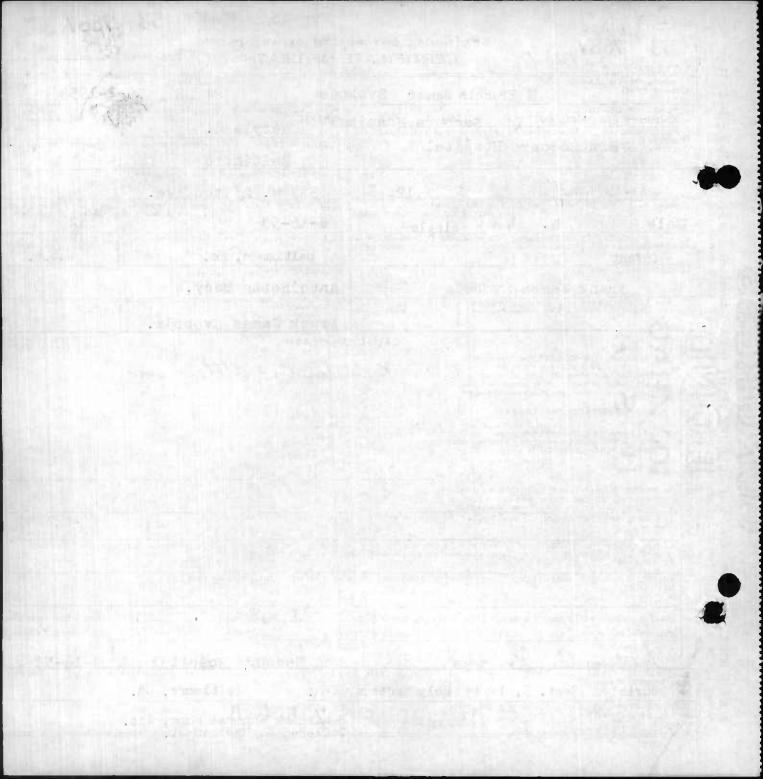


(-	-	- 146 BALTIMORE CITY	HEALTH DEPARTMENT	53 7890
The		77 77886	ATE OF DEATH	Registered No.
	1.	NAME OF DECEASED F. GIESELES	2	2. DATE OF 7/3/53
supplied.	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street addr	A. STATE	here deceased lived. If institution: residence B. GOUNTY hefore admission)
fully si	H		\	outside corporate limits, write (URAI) and give township)
el.	c.		Yrs. D. STREET ADDRESS (If runders)  Days  Days	ura), give location)
uld be	5.	SEX 6. COLOR OR RACE 7, SINGLE MARRIED WIDOWED, DIVORCED (S.		9. AGE (In years   H Under I Year   H Under 24 Hours   Hours Min.
information should of death clearly an		A. USUAL OCCUPATION (Give kind of lob. KIND OF BUS NESS Conceduring most of working life, even if retired)		reign country) 12. CITIZEN OF WHAT COUNTRY
rmatio	13	JOHN F. GIESELER	14. MOTHER'S MAIDEN NA	# BRAUX
f infor	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  a, no or unknown) (If yes, give war or dates of service)	17. INFORMANT WIF	ADDRESS
very item of i		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	ardiac Stai	n ds
INK. E	TION	injury or complication which caused death.) DUE TO  ANTECEDENT CAUSES  (B)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ht. 14. Dus ?	- Hentheley
ADING icians:	TIFICA			
UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	noly/a impa	2 lance
Hi .	CAL	19a. DATE OF OPERATION   19B. MAJOR FINDINGS OF		20. AUTOPSY?
Y, WITI	<b>JEDIC</b>	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office CAUSE OF DEATH		f in Baltimore City, give exact location)
	-		CURRED 21F. HOW DID INJURY	occur?
E DI		22. I hereby certify that I attended the deceased from deceased alive on 7/1/53. 19 and that death	occurred at 7 m. from th	1/2/53, 19—, that I last saw the causes and on the date stated above
WRITE ge is es		234 SIGNATURE Some finere	238. ADDRESS 120	4 4. 23c. DATE SIGNED
मि छ	Z. Tu	BURIAL CHEMA- 24B. DATE 24C NAME OF CELL CONTROL CONTR	aun Usen	CATION (City, town, or county) (State)
PLEAS	D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	ord Sons allens 14
		vs 150	708W	31



The

11	5-1	13	1300	a Bons	111-	150	53 7	88'7
	53 7	887 -	ВА	LTIMORE CITY H	EALTH DEPART			
В	RTH NO. 5	3-1951	1	CERTIFICAT	E OF DEAT	Н	Registered No	
	NAME OF D	ECEASED	Francis	James Svo	boda		ATE OF 9-2	-1953
	PLACE OF D		Bon Co	cours Hoani	4. USUAL RESID	ENCE (Where de		stitution : residence before admission)
В.	FULL NAME	OF (If not in hosp	ital or institu	cours Hospi	Mary	rland.		
11	ISTITUTION I	on Secour	s Hosp	ital location	C. CITT OR TOWN		corporate limits,	write RURAL and give township)
15	11/			37		imore	7	-020
4	Towardh of a	ton in Deltinous		Yrs. Mos.	D. STREET ADDRI			
1	sex	tay in Baltimore	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	Milton	E (In years   It Un	ider 1 Year   II Under 24 Hours
1	Male	W.	WIDOV	WED, DIVORCED (Specify	8-16-53	las	t birthday) Mont	hs Days Hours Min.
		CUPATION (Give kind) of working life, even if retired		D OF BUSINESS OR INDUSTR			ountry) 1	2. CITIZEN OF WHAT COUNTRY?
_	infant				Baltimo:			U.S.A.
13	FATHER'S		HARRY III		14. MOTHER'S MA			
-		rank James			Antoinett	e Macy.		
(Ye	, no or unknown)	D EVER IN U. S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
_				<u> </u>	Frank Jan	nes Svob	oda.	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (A) Rematurity to the lead of the second sec							
F		11		(C)		****		
CERT	TRIBUTING	IGNIFICANT CON	T NOT RELAT	rED .				
1		F OPERATION		FINDINGS OF OPE	RATION			20. AUTOPSY?
V								YES ND
MEDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.			istimore City, giv	e exact location)
2	21D. TIME	Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURE	RED 21F. HOW DID	INJURY OCCU	JR?	
	or moon,		m.	WHILE AT NOT WHILE				
	22. I hereb	u certifu that I a	ttended the	deceased from 9/c	2 5 PM 195	3 to	. 19	that I last saw the
	deceased al			and that death occu				date stated above.
	23A, SIGNA	TURE 0	2 1		238, ADDRESS			23c. DATE SIGNED
-	ants	us C.	nigh	М. D.	Bon Secou			9-16-53
TI	Burial S	Sept. 3	, 1953	Holy Redeeme		Baltimor		county) (State)
DL	ATE RECEIVE	RAR REGISTRAL	R'S SIGNAT	DIAMADM P	Schamunek Pr	uneral Hon	me. Inc.	ADDRESS
-	VS 150	1 1			2601-3-5 E.	Madison S	St.	
	43 150					1 1		



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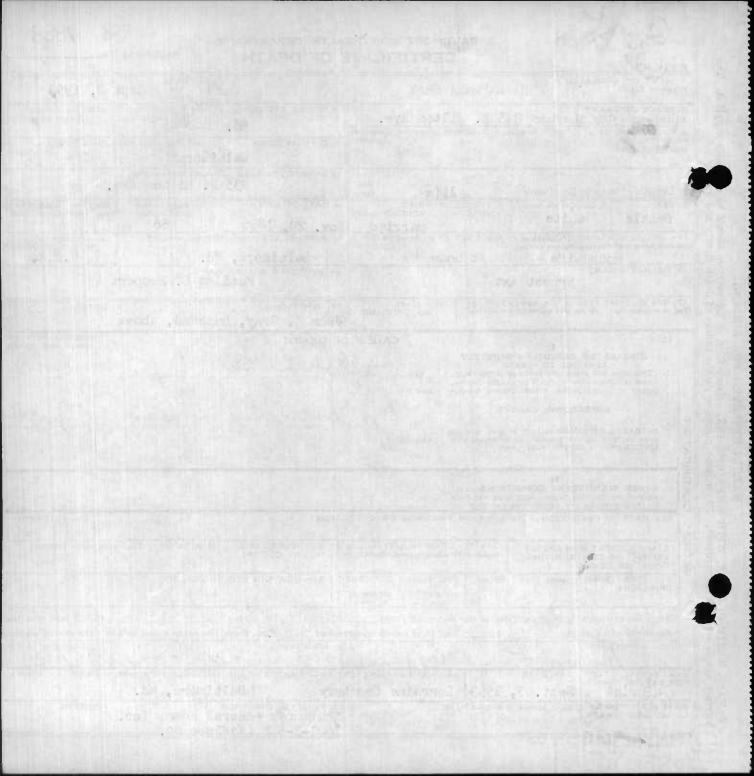
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В	IRTH NO.		С	ERTIFICAT	E OF DEAT	H Registere	d No.
I. (T)	NAME OF D Type or Print)	ECEASED EMMA	BARBARA	GRAY		2. DATE OF DEATH	pt 2, 1953
A.		EATH: City, Maryland 8 OF (If not in hospit			A. STATE	Md B. COUNTY	
H	OSPITAL OR ISTITUTION	Or (II not in nospit	ar or manegorous	location)	c. CITY OR TOWN	(If outside eorporate li	imits, write RURAL and giv
c.	Length of s	tay in Baltimore	li	Yrs. Mos. Days	D. STREET ADDRE	835 N. Milton A	ive.
	female	6.COLOR OR RACE		MARRIED. D. DIVORCED (Specify) married	Nov. 28. 189	last birthday)	If Under 1 Year II Under 24 Hours Min.
wor	k done during most o	CUPATION (Give kind of of working life, even if retired) OUSEWIFE	At hor	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	state or foreign eountry)	12. CITIZEN OF WHAT COUNTRY U.S.A.
	FATHER'S	Ernest A		VIII I	14. MOTHER'S MA	Matilda C. Ruppe	ert
(Ye	S. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?   I	6. SOCIAL SECURITY NO.	John A. Gra	y, husband, abov	ADDRESS Ve
CERTIFICATION	(This does heart failu injury or DISEASES RISE TO T	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It men complication which of ANTECEDENT CAUS OR CONDITIONS, I HE ABOVE CAUSE (A) 'ING CONDITION LA	I'H  of dylng, e. g., ns the disease, eaused death.)  SES  F ANY, GIVING STATING THE	CAUSE  (A)  DUE TO  (B)  DUE TO  (C)	elual/ tusri	Gnorrhoge V Llisen	INTERVAL BETWEEN DISSET AND DEATH 3 WORLD'S.
CERTII	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE DR CONDITION	NOT RELATED				
SAL	19A. DATE O	F OPERATION 1	9в. MAJOR FI	NDINGS OF OPER	ATION	•	20. AUTOPSY?
MEDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PLACE about home, farm	OF INJURY (e. g., i , factory, street, office bidg.,	n or 2IC. WHERE D		ty, give exact location)
4	21D. TIME ( OF INJURY	(Month) (Day) (Year)	wнп	E. INJURY OCCURR  LE AT NOT WHILE  ORK AT WORK		INJURY OCCUR?	
	deceased al	y certify that I att	ended the de	d that death occur	19 3 19 3 19 3 19 3 19 3 19 3 19 3 19 3	3, to left Her 2, 19 From the causes and or lack Royal	of, that I last saw then the date stated above
710	AA. BURIAL, CON, REMOVAL (S			NAME OF CEMETE	RY DR CREMATORY	24D. LOCATION (City, to	wn, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

ADDRESS

Schimunek Coneral Home, Inc. 2601-3-5 E. Madison St.



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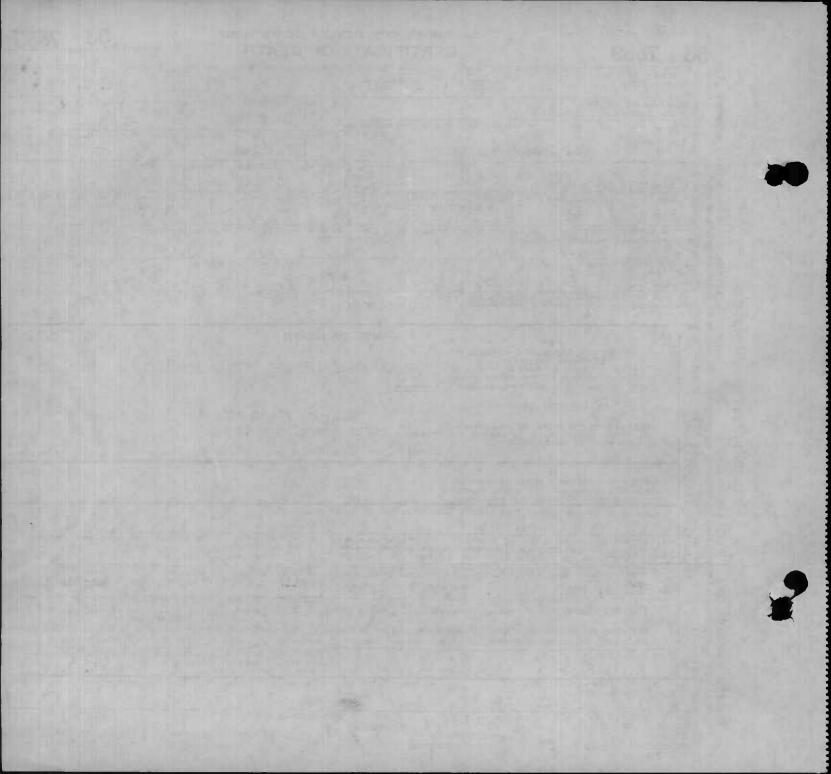
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

egistered No. 53 7889

5	3 <sub>187H</sub> 7889 CE	OF DEATH	Registered No.	7000					
	1. NAME OF DECEASED (Type or Print) JOSEPH F	SWEGLER		2. DATE OF DEATH Sept. 2	, 1953				
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W. STATE Maryland		tion : residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, HOSPITAL OR			outside corporate fimite, write	HVRAL and give				
	St. Joseph Hospital		Baltimore	4	townsmp)				
	I could of store in Deltinous	Mos.	5002 Anthon						
	c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE   7. SINGLE, M	Days	. DATE OF BIRTH	9. AGE (in years   H Under ) Y	eer It Under 24 Hours				
	Male White Mary		VOV. 4-1871	81	ays Hours Min.				
•	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR 1	1. BIRTHPLACE (State or for	11 / W	HAT COUNTRY?				
-	13. FATHER'S NAME	1	DALIMOYE - 4. MOTHER'S MAIDEN NA		4.5.A.				
	Joseph PeTer Sweal	ar	Judith They	resa Murph	4				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	7. INFORMANT	ADDRES	ss				
			Irs. Calherin		TERVAL BETWEEN				
1	DISEASE OR CONDITION DIRECTLY	CAUSE OF	FDEATH		SET AND DEATH				
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)								
	ANTECEDENT CAUSES  (B) Old burns of right anterior thigh and								
	DISEASES OR CONDITIONS, IF ANY, GIVING		is of right anter costal margin	rior thigh and	***************************************				
,	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)							
	U								
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
		NDINGS OF OPERAT	ION	2	O. AUTOPSY?				
	21A. EXTERNAL CAUSE WAS   21B. PLACE	OF INJURY (e. g., in or		in Baltimore City, give exa	act location)				
	UNDERLYING OR CONTRIB- about home, farm,	factory, street, office bldg., etc.)	5002 Anthony	Avenue 26					
	Z 21D. TIME (Month) (Day) (Year) (Hour) 21E. April 15, 1953 P. m. WHIL WO		vertigo, lell	occur: Had spell down steps & acc	identally				
	22. I certify that I took charge of the ren	nains described abo			reon and from				
	the evidence obtained by said Autopsy and death in my opinion resulted from	y, Inspection or Inq	miry, find that said dec	ceased died on the day	stated above,				
	23 A GIGNATURE Q. Jackin	maybe M.D.		XAMINER Sept.	3, 1953				
	24A. BUNTAL, REMA- 24B. DATE 24C	NAME OF COMETERY		CATION (City, town, or cour	nty) (State)				
-	DATE RECEIVED BY   REGISTRAR'S SIGNATURE		EMEY DIRECTOR	A ADDE	des /				
	LOCAL REGISTRAR	0 10 1	Enand Ru	ck 5305 H	acost for				



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See directive from Dr. M. V. Lovitt, Jr, Asst Hedical Examiner in Document file.

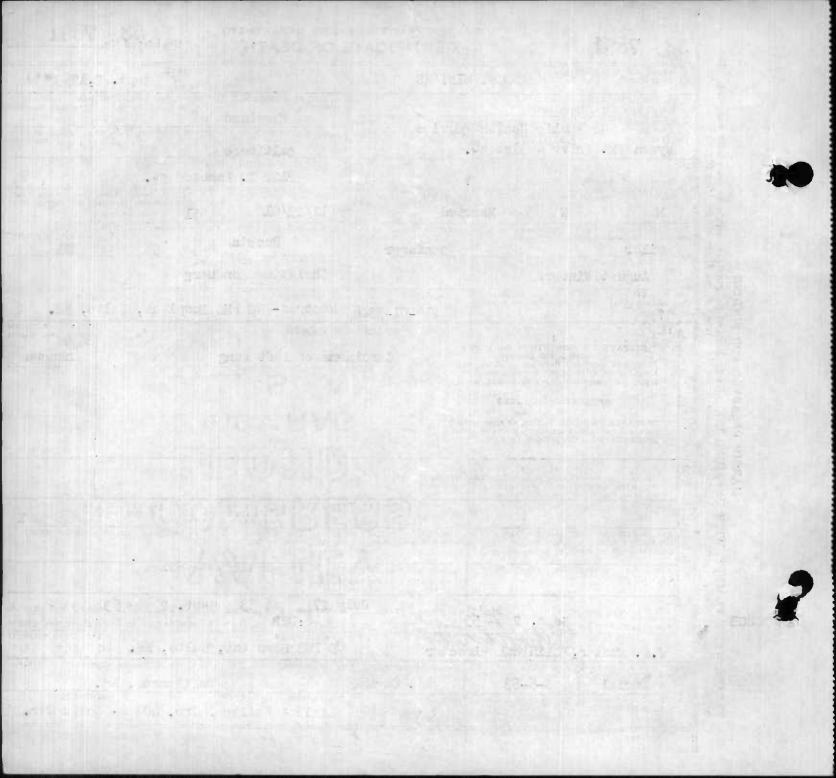


W.	-536	
53 BIRTH	7891	

### BALTIMORE CITY HEALTH DEPARTMENT

53 7891

3IR	CERTIFICATE OF DEATH						
		ECEASED	AUGUST WI	NTERS		2. DATE OF DEATH SEP	t. 2,1953
					4. USUAL RESI		If institution: residence before admission)
3. F	ULL NAME	OFC (Inot in hos	nital or instituti	ion, give street address or		yland	
NS	TITUTION	Hospita	Tet et	ar v 108 location)	c. CITY OR TOV		nits, write RORS L and give township)
	WATHOUT LE	r. Dirag or	DIR C 20.		D STREET ADD	RESS (If rural, give location)	
s. I	ength of s	tay in Baltimore	?	Mos. Days			
5. \$	M	6. COLOR OR RAC	7. SINGLE WIDOW Marri	E, MARRIED, ZED DIVORCED (Specify)		last hirthday)	Months Days Hours Min.
OA ork o	one during most	CUPATION (Give kind of working life, even if retir	dof 108. KIND	INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
13.		NAME		Doctor of			1 001
	Augus	t Winters			Christin	e Sondberg	
15. (en,	WAS DECEASI	ED EVER IN U. S. ARI (If yes, give war or d	MED FORCES? lates of service)	16. SOCIAL SECURITY NO. 216-01-3304			ADDRESS Balto, Md.
T	18. / / 3	<b>Y</b> .		CAUSE	OF DEATH		INTERVAL BETWEEN
-	DISEAS				0.3.0		
	(This does	not mean the mod	e of dying, e. g	ζ., (A)	Jour of Ter	r Tmg	Unknown
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
ANTECEDENT CAUSES							
	DISEASE	S OR CONDITIONS	E IE ANY CIVIN	(B)		***************************************	
	RISE TO T	HE ABOVE CAUSE (	A) STATING TH				
ONDERLYING CONDITION CAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
3 -	The second secon			TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATED	TO 20. AUTOPSY?
- 1		0	WAS PERFO	RMED		CAUSE OF DEATH, ENTER	IN YES NO X
	OR CONTRI	BUTING   CAUSE	OF about			ERE DID (If in Baltimore Ci	
		(Month) (Day) (Ye	ear) (Hour)	WHILE AT NOT WHI	LECT	W DID INJURY OCCUR?	
-			19 22	and that death occur	rred at USUZP	m., from the causes and or	the date stated above.
J.A. Hunter, Clinical Director US PHS Hospital, Balto, Md. 9/3/53							
				M. D.			
24	A. BURIAL.	CREMAN 24B. DAT	E	24c. NAME of CEMETE	ERY OR CREMATOR	RY 24D. LOCATION (City, to	wn, or county) (State)
24 TIO		CREMA 248. DAT Specify) 9-5	E	24c. NAME OF CEMETE Mt. Carmel	ERY OR CREMATOR	Baltimore,	wn, or county) (State)
	I. N. I. I. S. F. S.	I. NAME OF D. Type or Print)  S. PLACE OF D. A. Baltimore ( S. FULL NAME BOSPITAL OR INSTITUTION Wyman P.  C. Length of S. S. SEX  M.  IOA. USUAL OC Ork done during most Ofler  13. FATHER'S N.  Augus  15. WAS DECEASI Yes, no or unknown)  ?  18. / 3 DISEASE RISE TO T. UNDERL'  OTHER SIGNA  OTHER SIGNA  OTHER SIGNA  21A. ACCID OR CONTRIE DISEASE ( 19A. DATE OF INJURY  22. I hereb deceased a 23A. SIGNA	I. NAME OF DECEASED (Type or Print)  8. PLACE OF DEATH: A. Baltimore City, Maryland b. FULL NAME OF PUBLIC HOSPITAL OR HOSPITA	INAME OF DECEASED Type or Print)  AUGUST WI  S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF PUBLIC Health B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF PUBLIC HEALTH B. FULL NAME OF OF STATE B. FULL NAME OF PUBLIC HEALTH B. FOR ON THE WINDOW WATTI B. SEX B. G. COLOR OR RACE B. SEX B. G. COLOR OR RACE B. SEX B. G. COLOR OR RACE B. SEX B. G. COLOR OR RACE B. SEX B. G. COLOR OR RACE B. SEX B. G. COLOR OR RACE B. WIDOW WATTI B. AUGUST WINDOW B. SINGLE WINDOW B. SIN	I. NAME OF DECEASED (Type or Print)  AUGUST WINTERS  S. PLACE OF DEATH:  A. Baltimore City, Maryland  S. FULL NAME OF DECEASED  I. SEX C. Length of stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Baltimore  C. Length of Stay in Ba	IN NAME OF DECEASED Type or Print)  AUGUST WINTERS  3. PLACE OF DEATH:  4. USUAL RESI  5. PLACE OF DEATH:  5. PLACE OF DEATH:  6. PULL NAME OF DECEASED INSUITUTION HOSPITAL O'S PUDIC Health Services location) INSUITUTION WYMAN PK. Drive 31st St.  FOR SERVICE OF STRUCK MARRIED.  6. COLOR OR RACE INDUSTRY MARTIED  7. SINGLE. MARRIED. MORAL USUAL OCCUPATION (Givekloads of Services) IO. A. USUAL OCCUPATION (Givekloads of Services) IO. B. A. STATE  A. STAT	INAME OF DECEASED Type or Print)  AUGUST WINTERS  PLACE OF DEATH: Beltimore City, Maryland B. PLACE OF DEATH: Beltimore City, Maryland B. PLACE OF DEATH: Beltimore City, Maryland B. PLACE OF DEATH Beltimore City, Maryland B. PLACE OF DEATH Beltimore City Winters  S. SEX  G. COLOR OR RACE B. SINGLE, MARRIED. B. D. STREET ADDRESS (If rural, give location) S. SEX  G. COLOR OR RACE B. SINGLE, MARRIED. B. D. STREET ADDRESS (If rural, give location) S. SEX  G. COLOR OR RACE B. SINGLE, MARRIED. B. D. STREET ADDRESS (If rural, give location) S. SEX  G. COLOR OR RACE B. SINGLE, MARRIED. B. D. STREET ADDRESS (If rural, give location) S. SEX  G. COLOR OR RACE B. SINGLE, MARRIED. B. D. STREET ADDRESS (If rural, give location) S. SEX  G. COLOR OR RACE The Down of Death Maryland C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Baltimore C. CITY OR TOWN (If outside corporate in Corporate in Baltimore C. CITY OR TOWN (If outside corporate in Corporate in Baltimore C. CITY OR TOWN (If outside corporate in Corporate i



MEDICAL

R-152  S3 7892  BALTIMORE CITY HE CERTIFICATI	NSON/ EALTH DEPARTMENT \ Registered No
1. NAME OF DECEASED (Type or Print) A Scott Robers	
a. Baltimore City, Maryland 3 altimore 18, 19 a.  B. FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE B. COUNTY before admission)
HOSPITAL OR The union Vernozial Hosp location)  33th Street.	c. CITY OR TOWN (If outside corporate limits write RURAL and give township)
Yrs. Mos. c. Length of stay in Baltimore Days	D. STREET ABDRESS' (If rural, give location)  Box 245 Rf. D.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours Min. 8-5-1869 9. AGE (In years II Under I Year II Under 24 Hours Min.
10A, USUAL OCCUPATION (Give kind of work done during my of working life, even life tired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  American
Alghorse Robinson.	14. MOTHER'S MAIDEN NAME Cholotte Emory
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  Lank Known	17. INFORMANT Polyman. Japan Md.
18. 6/0 X CAUSE	OF DEATH O
LEADING TO DEATH  (This does not mean the mode of dylng, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.)  DUE TO	veljed asterinolisais
ANTEGEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	

CERTIFIC

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED THE DISEASE OR CONDITION CAUSING IT 194. DATE OF OPERATION 19B. MAJOR FINDING

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OF OPE		- /		0						OPSY	ı
ound)	53	lupper tro	rel	in	1		7			NO	ı
URY (e. g.	, in or	21c WHERE DID 'INJURY OCCUR?	(If	lit	Baltimore	City,	give	exact	locat	ion)	

218, PLACE OF IN. 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY WHILE AT AT WORK m. WORK 8-23 22. I hereby certify that I attended the deceased from

1951, to\_

1953 deceased alive on 9 23A. SIGNATURE

and that death occurred at ±3

\_m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED

U. C. H

- 1-1 or county)

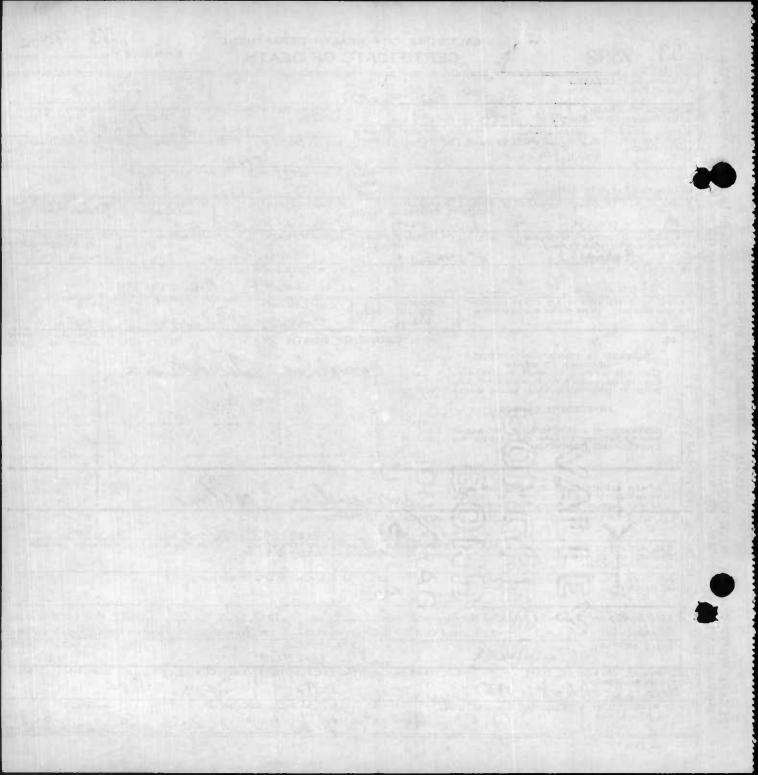
1933, that I last saw the

24A. BURIAL, CREMA-TION REMOVAL (Specify)

CREMATORY

DATE RECEIVED BY LOCAL\_REGISTRAR

ADDRESS



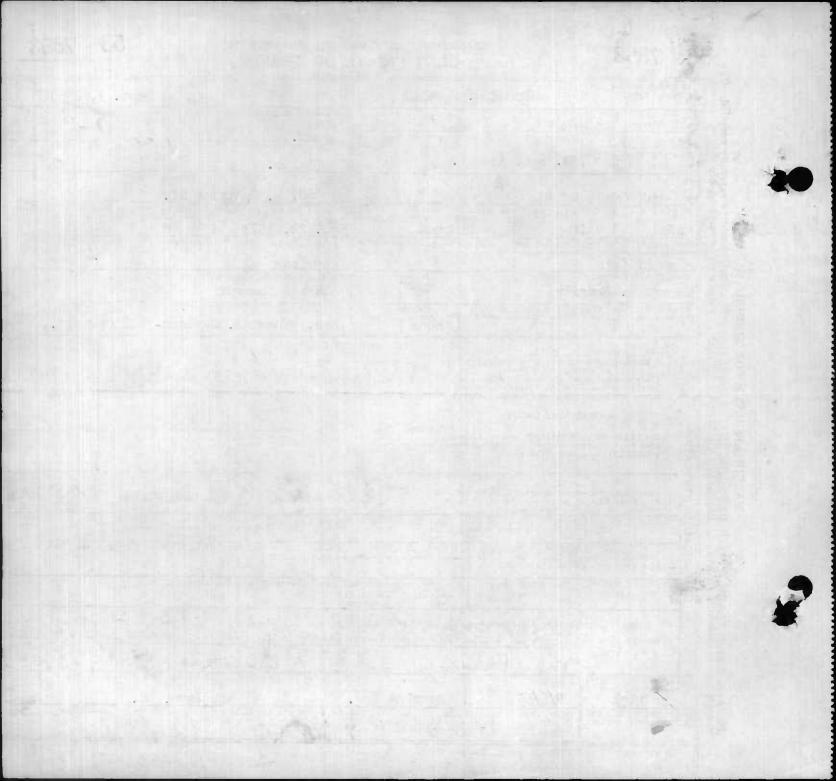
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11	R	-	6	2	6	
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# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	17000
Davidson 1 N	1073
Registered No	

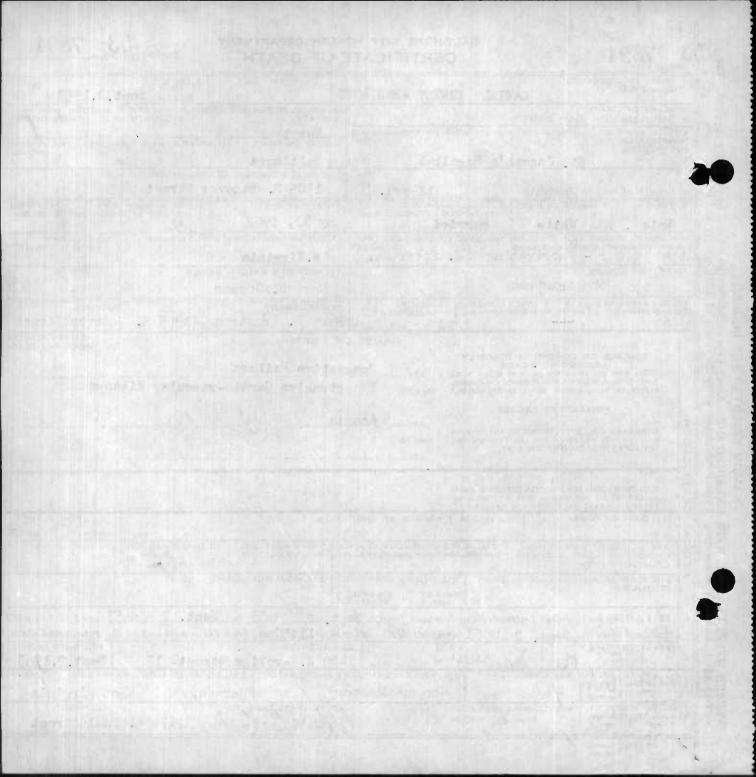
_E	311	RTH NO.	
		NAME OF DECEASED (De or Print) GEORGE W. BRAZIER	2. DATE OF Sept. 3, 1953
1	Α, .	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a. STATE B. COUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	Md.
		607 N. Bentalou St.	C. CITY OR TOWN (If outside comporate limits, write RURAL and give townshlp)  Balto
,   -	-	Yrs.	p. STREET ADDRESS (If rural, give location)
		Mos.	
		Length of stay in Baltimore Days SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	607 N. Bentalou St.
		WIDOWED, DIVORCED (Specify)	last birthday) Months Days Hours Min.
- 1	-	ale white widowed	Mar. 24, 1873 80
1 W.	lO/	A, USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-		umber (rtd ?	Maryland
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Ge	eorge W. Brazier	Alexina Sumwalt
	15	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL, no or unknown)   (If yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESParkville
1	10	(If yes, give war or dates of service) SECURITY NO.	Mrs. Ernest B. Carlson-7808 Oak Ave.,
	T	18. / 5 A A CAUSE (	OF DEATH
		420.0	ONSET AND DEATH
		LEADING TO DEATH	no Solerotic Heart Aisease years
		heart failure, asthenia, etc. It means the disease,	
		injury or complication which caused death.) DUE TO	
		ANTECEDENT CAUSES	
2	2	DISEASES OF COMPLETIONS IS ANY COURSE	
TION	4	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
	{	UNDERLYING CONDITION LAST. (C)	
	í I		- 0
ACIENTE		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	100110 (Taille 100) 1 48 tim
		TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	Ornanda Ornamia mase 100 most
1		19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OF	
		WAS PERFORMED	PART I OR PART II
غ ا د	ا ڌِ	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	
	2	DEATH (NOTIFY MEDICAL EXAMINER)	bidg., etc.,
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
3		22. I hereby certify that I attended the deceased from	rred at 445 An., from the causes and on the date stated above.
22. I hereby certify that I attended the deceased from deceased alive on 3, 1953, and that death occurred at 4 238. ADDRE			23B. ADDRESS 1 A 23C. DATE SIGNED
3			51 N Bentaley J 9 13 153
9 -	24	M. D.   (M. D. ) (M.	RY OR CREMATORY   240. LOCATION (City, town, or county) (State)
- 11	TIC	Burial 9/5/53 Lorraine Cem.	
-	D/	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	Woodlawn, Md.
		OCAL REGISTRAR	of the at the act the
-		O 1000   1 length Lin Dividenti 1 a	Millian Alman Alman
100	31	VS 150	Buth in Man.
11			1200 . 1 / 1000



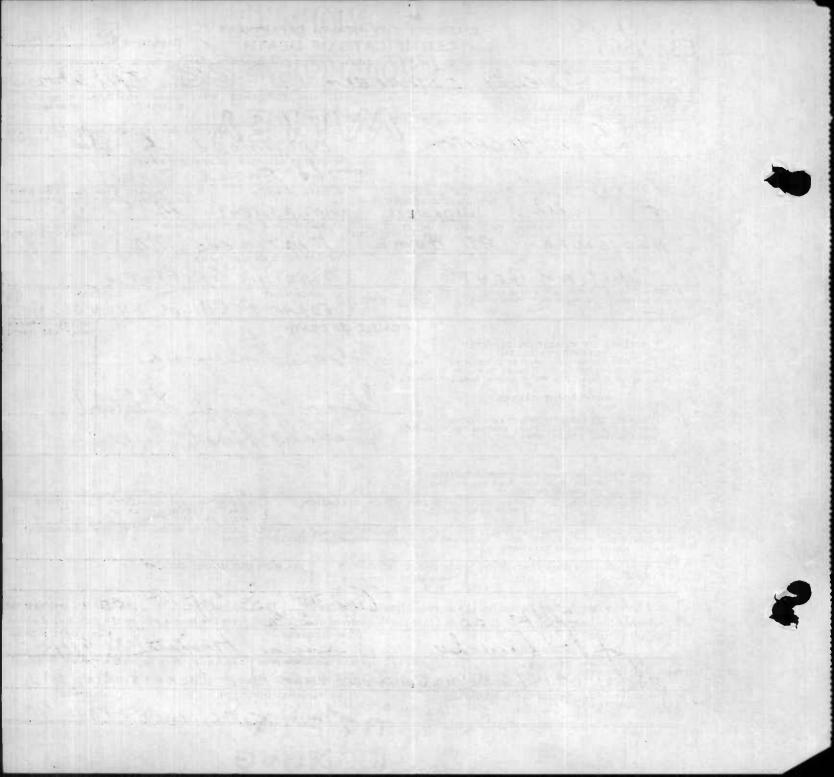
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1	A-652
	3 7894 BIRTH NO.
Ш	

3	7894	7894 CERTIFICATE OF DEATH Registered No. 7894					
	IRTH NO.						
	NAME OF D Type or Print)		NIEL I	ERNEST ARMSTRON	r <b>G</b>	2. DATE OF DEATH SE	ept.2,1953
	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESID	ENCE (Where deceased live	d. If institution : residence
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institu	tion, give street address or location)	Maryland c. CITY OR TOWN	(If outside correlate	
Ü	STITOTION	St. Josep	h's Hos	pital	Baltimore		downship)
_		tay in Baltimore		Yrs. Mos. Days		Ess (If rural, give location Hanover Street	1)
5.	Male	6.COLOR OR RACE	WIDO	E, MARRIED, WED, DIVORCED (Specify) ried	May 12, 190	last birthday)	Months Days Hours Min.
10	k done during most a	CUPATION (Give kind of of working life, eyen if retired) er - Fabrica		d. Steel Co.	11. BIRTHPLACE (	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
_	FATHER'S		6	u, 50002 -0.	14. MOTHER'S MA		
		John Armstron	_		Nora B. C		
15 Ye	s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			732-26-9180	Mary E. Arm	strong, 1305 S.	Hanover Street
FICATION	(This does heart failu injury or DISEASE:	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which ANTECEDENT CAUS SOR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	TH of dying, e. ins the disea caused deat SES F ANY, GIVI STATING T	g., (A) Cong		are rdio-vascular d	ONSET AND DEATH
CERTIF	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELAT	ED			
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION						20. AUTOPSY7
EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH	21B. PL.	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE E	OID (If in Baltimore Ci R?	ity, give exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE		INJURY OCCUR?	
			m.	WORK LAT WORK			
							9_53 that I last saw the
deceased alive on Sept. 2, 19 53, and that death occurred at 1						, from the causes and c	
23A. SIGNATURE R 23B. ADDRESS M. D. 1400 N. Caroli						ine Street- 13	Sept 2.1953
2	4A. BURIAL, ON, REMOVAL (S	CREMA- 24B. DATE		24c, NAME OF CEMETE			
	remova	9/4/53		Cooper Cemete			West Virginia
	SFP 3	DAD	'S SIGNAT	4 16 F 2 / Brit	HUN COOK	1903	ADDRESS Paul Street
	VS 150			690	30		



The	5		Y HEALTH DEPAR	_	53 Registered No.	7895
	1. (T)	NAME OF DECEASED HELLEY, ELIZA		DE	ATH STOL	1. /st. /453
should be carefully supplied.	B. I	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street additional companion) SPITAL OR (If not in hospital or institution, give street additional companion)	dress or cation)  A. STATE  MARYA  C. CITY OR TOW	AND (If outside	COUNTY	itution: residence before admission) rickRuRAL and give township
careful legibly.	-	Length of stay in Baltimore	Yrs. D. STREET ADD		STREET	
uld be	5.	F 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED WIDOWED	JAN. 23,	1869 las	E (In years I Under hirthday) Months	Days Hours Min.
on shou		A. USUAL OCCUPATION (Give kind of the distribution of the distribu	BALT.	(State or foreign co	Mo. 12	WHAT COUNTRY
NDING information s of death cle	13	WILLIAM GENT	MARTH	HA GRI	FF,TI+	V
BINDIR of info		WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)	NO. 17. INFORMANT	E. CHIL	05, 3 VO	4 . 11
RESERVED FOR INK. Every item please write the car	ATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Solvar I	Luns	lilater Design	INTERVAL BETWEEN
MARGIN NFADING hysicians:	ERTIFIC.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1			
Dd.	AL C	19a. DATE OF OPERATION 19b. CONDITION FOR WH WAS PERFORMED		IF OPERATION W CAUSE OF DEA PART I OR PAR	TH, ENTER IN	20. AUTOPSY?
ILY, WITI important	EDÍC.	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF IN. about home, farm, factory, at DEATH (NOTIFY MEDICAL EXAMINER)	JURY (e. g., in or 21C. WH reet, office bldg., etc.)	OCCUR?	saltimore City, giv	e exact location)
LAINLY ially imp	Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OF INJURY MHILE AT WORK	NOT WHILE AT WARK	W DID INJURY C	CCUR7	
PL		22. I hereby certify that I attended the deceased from deceased alive on 1964, 1953 and that deat	h occarred at 1500	Dto Stot. m., from the cau	ses and on the	hat I last saw th date stated above
WRI re is	0.000000	23A. SIGNATURE Aubawaby.	A. D. ZIB. ADD ESS	HALL LOCATION	on (City, town, or	county) (State)
PLEASE correct ag		ON. REMOVAL Specify 9/4/5 3 OLO. GUND	OWDER MEETING	1 1/4	KEYSVIL	LE, MO.
PLI	0 70	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Wan Cor	k. m.,	21757.1	
		VS 150	The second of	7		

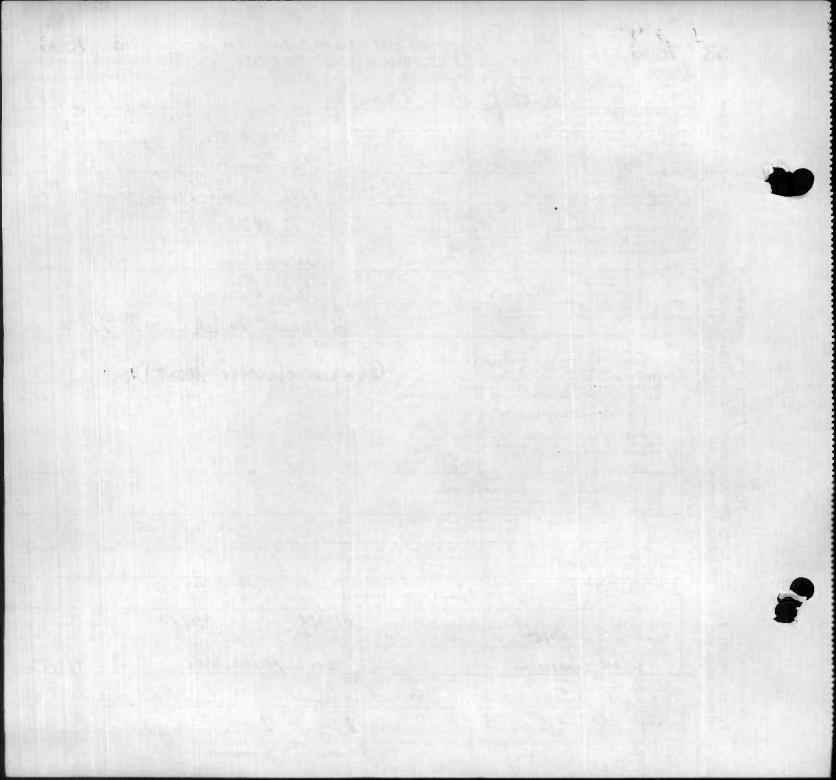


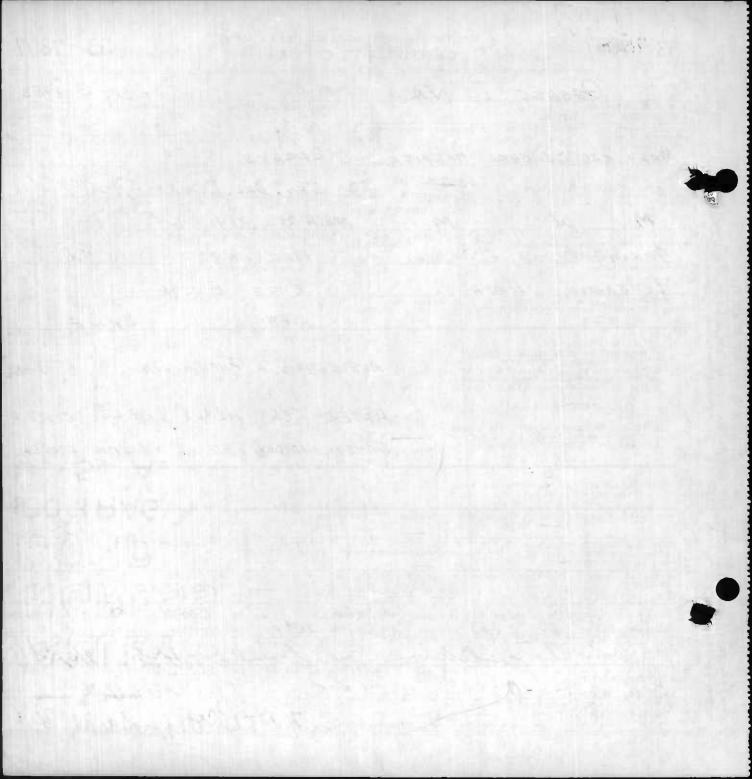
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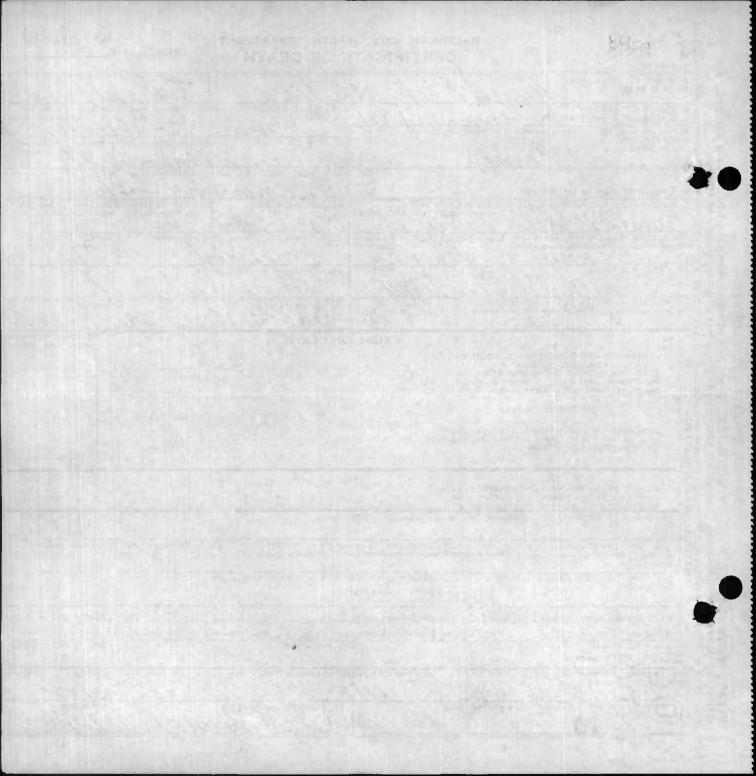
## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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00	7896
egistered No.	

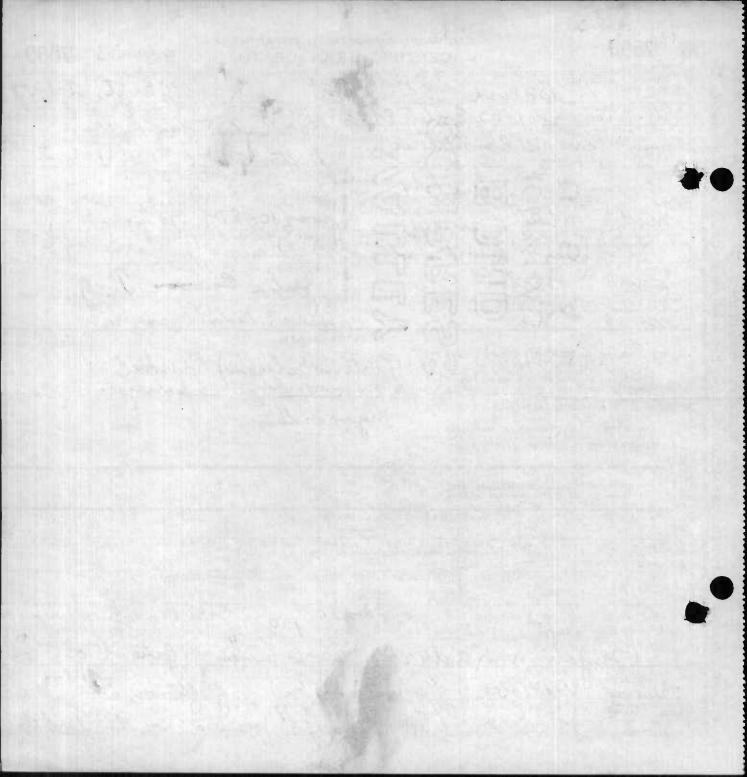
	7000			CERT	TIFICAT	E OF DI	OF DEATH Registered No.				
	IRTH NO.	FOLIAGED						1 o DATE			
(1	NAME OF D Type or Print)	Kun	icyuno	da	Man	le	- 300	2. DATE OF DEATH	lept.	2 1953	
3 A	Baltimore (	EATH: City, Maryland	0			A. STATE	RESIDENCE (V	Where deceased liv B. COUN		tufion : residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION  1311  1. Milton Avenue						Maryland					
C	Length of s	tay in Baltimore			Yrs. Mos. Days	D. STREET	ADDRESS (II	rural, give location	- /:	4 #13	
5	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, XIDOWED, DIVORCED (Specify)						8. DATE OF BIRTH 9. AGE (In years if Under I Year Months Days Hours Min.				
10 wor	DA. USUAL OC	CUPATION (Give kind of working life, even if retire	of 10B. KINI	Home	INESS OR INDUSTRY		LACE (State or for	oreign county)	12.	CITIZEN OF WHAT COUNTRY?	
13	13. FATHER'S NAME Soelner					14. MOTHER'S MALDEN NAME					
15 (Ye	5. WAS DECEASE me, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or de	ED FORCES?	16. SO	CIAL CURITY NO.	17. INFORM	W C. Ma	ule-1311	n.n	ilton ant	
FICATION	(This does heart failu injury or DISEASES	E OR CONDITION LEADING TO DE not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAI GOR CONDITIONS. HE ABOVE CAUSE (A) VING CONDITION	ATH of dying, e. eans the disea: caused death JSES IF ANY, GIVINA STATING T	g., (A se, h.) DUE (E NG HE OUE	: το		elerotic		)ıs .		
CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE										
	19A. DATE O	F OPERATION	19B. COND WAS PERFO		R WHICH O	PERATION	CAUSE C	TION WAS RELA OF OEATH, ENT OR PART II	TER IN	20. AUTOPSY?	
IEDICAL	OR CONTRIE	ENT WAS UNDERL BUTING CAUSE OF IFY MEDICAL EXAMI	OF about	B. PLACE bome, farm, f	OF INJURY (actory, street, office	(e. g., in or 21C bldg.,etc.) INJ		(If in Baltimore	City, give	exact location)	
Σ	210. TIME ( OF INJURY	Month) (Day) (Yea	r) (Hour) m.	21E. INJU WHILE AT WORK	JRY OCCURR	LE	, HOW DID IN.	JURY OCCUR?			
-	22. I hereby certify that I attended the deceased from 5/23/47, 19, to 9/2/53, 19, that I last saw the deceased alive on 9/2/53, 19, and that death occurred at 1 m., from the causes and on the date stated above.										
	23A. SIGNA	W Bauw	<b>-</b>		м. р.	1501 4	Milton	ave		9/3/53	
TI	AA. BURIAL, SON, BEMOVAL (S	Sypt.	5,1953	24c. NAN		deemer	Be	loir Rd.	- Ba	lt. Md.	
	ATE RECEIVE		R'S SIGNAT	URE	isture, M	25. FUNER	Wille	Inc - 24	13/ E.	Oliver St.	







		B-6	35						
The	3	7899 RTH NO.				E OF DEAT		Registered	7899
		NAME OF D	ECEASED Bau	na,	Gol Bar	Tow		OF Supt	. 2-1953
supplied.	А.	FULL NAME	City, Maryland / 8	02 E	ulant Plas	4. USUAL RESID	ENCE (Where	deceased live. If in	nstitution: residence before admission
fully s ly.		OSPITAL OR ISTITUTION	Park Hill &	Bonval			(If outsi	de corporate limits,	rite collar and giv
egy	c.	Length of s	tay in Baltimore	Ulun	lify Yrs. Mos. Day		ESS (If rural	, give location	
uld be y and l	5.	Frush	6. COLOR OR RACE		MARRIED.	DATE OF BIRTH			inder l Year H Under 24 Hours ths Days Hours Min
on should clearly a		A. USUAL be	CUPATION (Give kind of forking life, even if retired)	Rating	School / rade	Pallin	State or foreign	ud	12. CITIZEN OF WHAT COUNTRY
R BINDING em of informatic causes of death	13	FATHER'S N	A Bart	on		14. MOTHER'S MA	IDEN NAME	Pen Pen	nto
	15 (Yes	WAS DECEASE , no or unknown)	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. NFORMANT	Berton (	AD	Dess
		18. 33	/ X	DIRECTIV	CAUSE	OF DEATH	. 7 0		INTERVAL BETWEE
the H		(This does heart failu	not mean the mode ore, asthenia, etc. It mean complication which compl	TH f dying, e.g. ns the disease		rio Selvo	sist 6	whal	
MARGIN RESERVED NFADING INK. Ever hysicians: please write	7		ANTECEDENT CAUS		Man.	and it	2 and	parayes	
	ATION	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) ING CONDITION LA	STATING THE	E DUE TO		*************		
	RTIFIC/		Н		(C)				
MA UNF Physi	CER	TRIBUTING TO THE DI	IGNIFICANT CONDITION TO THE DEATH, BUT SEASE OR CONDITION	NDT RELATED CAUSING IT					
71TH ant.	CAL		- 0		CE OF INJURY (& g.		OLD (If in	Poltimore City ai	YES NO
LY, WIT	MEDI	LYING OF		ebout home, fa	rm, factory, street, office bldg	.,etc.) INJURY OCCU	IR?	Baltimore City, gi	
ally		OF INJURY	Month) (Day) (Year)		HILE AT NOT WHILE WORK AT WORK	E	INJURY OC	CUR?	
TE PI	d		y certify that I att		deceased from and that death occ		of to Sapl		that I last saw the date stated above
PLEASE WRITE correct age is esp		23A. SUMAT	manin	Ka	der mo	238. ADDRESS Eu	Tow P	Batio, mil	9-2-53
PLEASE W	TIC	Burial	Sept 4/	53	Trumpu	ent ematory	Bals	trose m	d.
PLI	LC	SFD3	RAR REGISTRAR	SIGNATUR	VIEws &	Joseph Do	erdens	V Son 192	7 Park an
		VS 150	1300	0	- (				

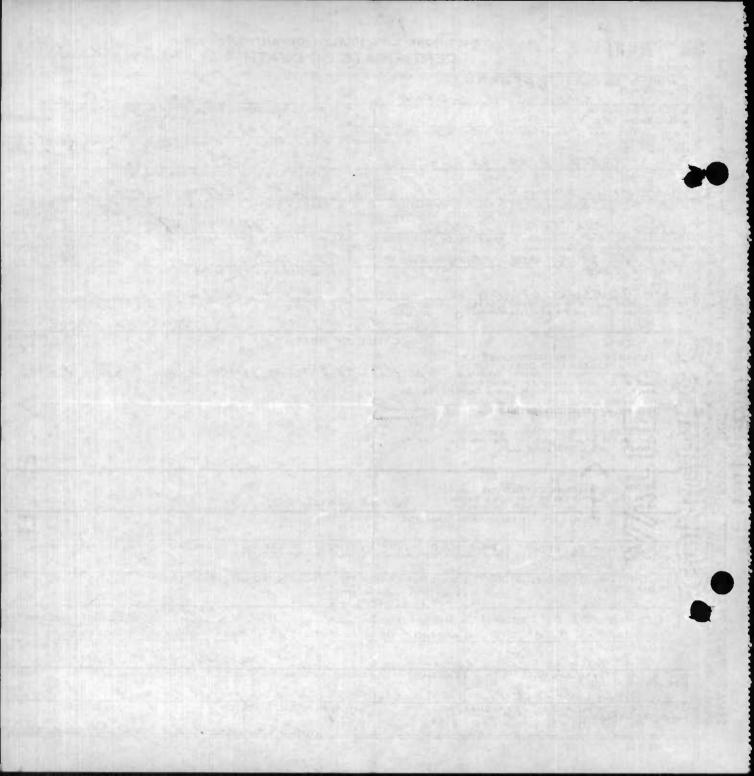


5	3B-62-5
l.	BIRTH NO.
ľ	1. NAME OF DECEASED (Type or Print)

## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	.53	7960
egistered	No.	- COO

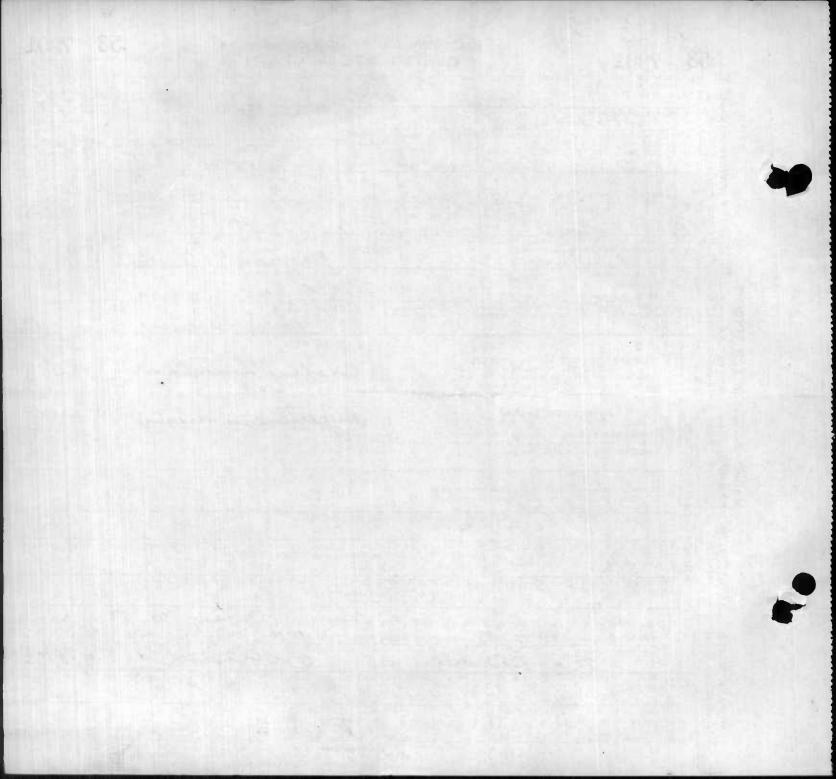
BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE
JOHN BRUGGEMANN	DEATH / SEPT 1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write AURAL and give
MERCY HOSPITAL INC.	BALTIMORE 22 Ownship)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore 48 Days	3025 FLEETWOOD AVE. (14)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days [Hours Min.
MALE WHITE MARRIED	5/11/76 77
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
RETIRED TRANSIT WARRE TRANSPORTATION	GERMANY U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN BRUGGEMANN	LOUISE WOHLKING
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unhoown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
NO - 213-05-9015	WIFE SAME AS ABOVE
18. HULK CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
heart failure, asthenia, etc. It means the disease, Injury or eomplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	RPYREXIA - UNDETERMINED ETIOLOGY 8 DAYS
	SCLEROSIS
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING aboot home, farm, factory, etreet, office bldg., etc.	o or 21C. WHERE DID (If in Baltimore City, give exact location) injury occur?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRIOF INJURY WHILE AT NOT WHILE	
m.   work   AT WORK	
	1953, to 1/2, 1953, that I last saw the red at 3 mm, from the causes and on the date stated above.
	Trea at
Farry S. Treche M.D.	MERCY HOSPITAL 9/1/53
24A. BURIAL, CREMAY 24B. DATE 24C. NAME OF CEMETE TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
BURIAL SEPI & 1930 PARKWOO.	OCEM TAYLOR AVE MO
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25-FUNERAL DIRECTOR ADDRESS  Dispel 1300 1110 BELAIR RI)
V6 150	



M-300
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	53	7901
egistered	No	127012

The	3	17901 CERTIFICATE	OF DEATH Registered No
	1.	NAME OF DECEASED (Lamon) Morde	2. DATE OF Cluguet 30/53
pplie		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. Winstitution: esidence A. STATE B. COUNTY before admission)
y su]	H	FULL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporated imits, write 18 U.S.), and give township)
efull	6	0 1/08 to Monument St.	o. STREET ADDRESS (If rural, give location)
car	c.	Length of stay in Baltimore 45 7 Mos. Days	11086. Monument St
and be	5.	Male Charle Market Market (Specify)	8. DATE OF BIRTH  9. AGE (In years It Under I Year Months Days Hours Min.
R BINDING em of information should be carefully supplied. causes of death clearly and legibly.	10 work	DA. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired)  INDUSTRY	17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ation th c	13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
orm dea	155	5. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Maggie Covano
BINDING of inform uses of dez	(Ye	(If yes, give war or dates of service)  SECURITY NO.	Mamie Parker - 718 legenth &
MARGIN RESERVED FOR HUNFADING INK. Every item Physicians: please write the cau	IFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	pletousion, seembel 4 instruction
MAJ JNFA Physic	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
bed	AL	19a. DATE OF OPERATION   19a. CONDITION FOR WHICH OPE	CAUSE OF OEATH, ENTER IN YES NO D
ILY, WITH important.	EDIC	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (c. OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	
AINL'	2	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	(
TE PLAINLY, especially impo		22. I hereby certify that I attended the deceased from Ja- deceased alive on 2 stars 183 and that death occurr	ed at 10 4m., from the causes and on the date stated above.
RI			18. ADDRESS Regult & 23c. DATE SIGNED 9/3/53
ASE W	2. TI		Y OR CREMATORY 240 LOCATION (City, town, or country) (State)
PLEASE correct ag			25. FUNERAL DIRECTOR ADDRESS
		VS 150 97 0 99	1129 n. Carline St.



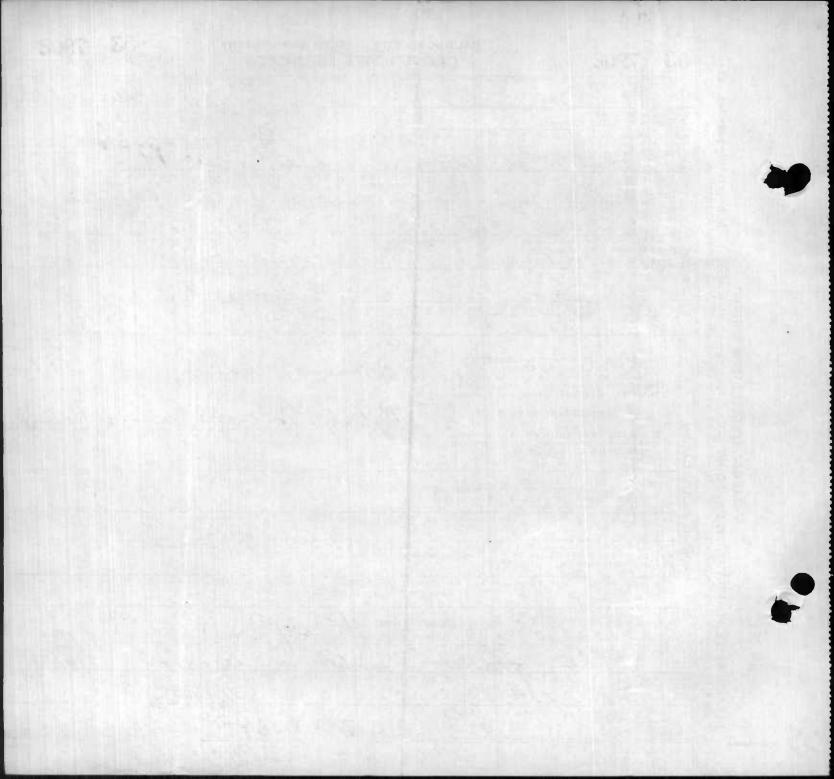
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# BALTIMORE CITY HEALTH DEPARTMENT

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	7902
Registered No	- 6. 5. 6.

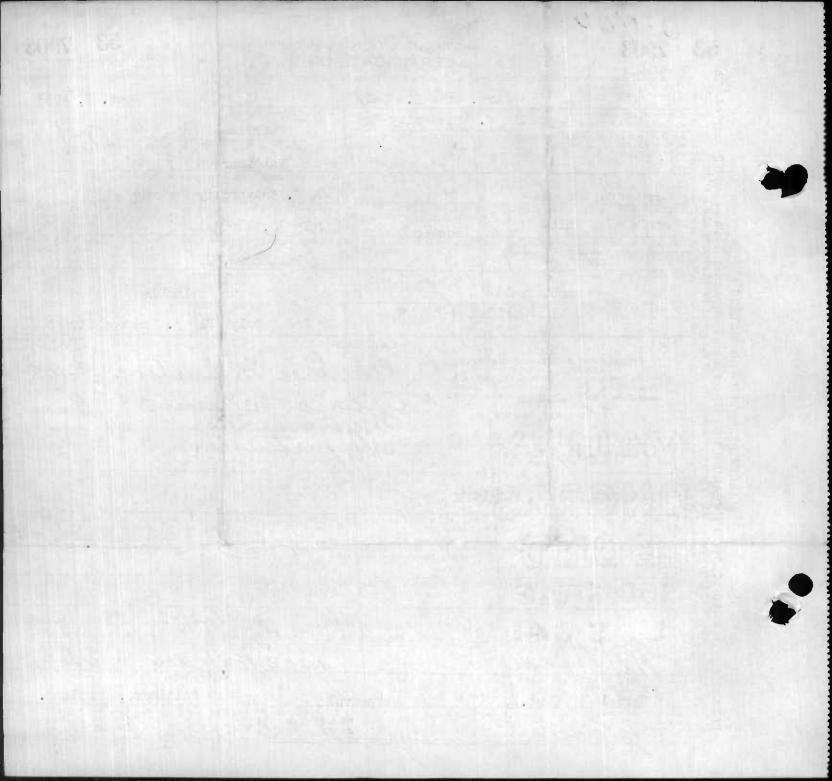
5	3 7902 CERTIFICAT	E OF DEATH	Registered No.	7302
	NAME OF DECEASED type or Print)		2. DATE OF CLUQ.	3/.1453
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI	B. COUNTY	ution; residence before admission)
HC	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION		utside corporate in the	teRURAL and give township)
6	Yrs. Mos. Days	o. STREET ADDRESS (II. 19	ral, give location)	o Sh:
	SEX GCOLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years   Under last birthday) Months	
10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, eyen if retired)  INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN MAI	AE DO	1
	WAS DECEASED EVER IN U. S. ARMED FORCES?  no or nuknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	1 ALCON	ESS//XI.
9	18. ILI 24 . CAUSE	OF DEATH		NTERVAL BETWEEN ONSET AND OBATH
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	NONGING Eden	-7 G	48 680.
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)			1.2.
CERTIF	OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			
AL	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH O	CAUSE OF PART I OF	PART II	20. AUTOPSY?
EDIC	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	(e. g., in or bldg., etc.) 21C. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give	exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  m. WHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK	LE	IRY OCCUR?	¢
	22. I hereby certify that I attended the deceased from deceased alive on 5/25, 1953, and that death occur	729 1953, to 8	e causes and on the de	at I last saw the ate stated above.
	23A. SIGNATURE Land M.D.	GEI N. CARRO	oll fon 3	F/3/53
TIE	AA. BYRIAL, CREMA 24B. DATE 24C. NAME OF CEMETICAL REMOVAL (Specify)	ERY OR CREMATORY 240. LO	CATION (City, town, or ea	odinty)' (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ioth wight.	DRESS
	VS 150 97 03A	112171.6	discine o	X-

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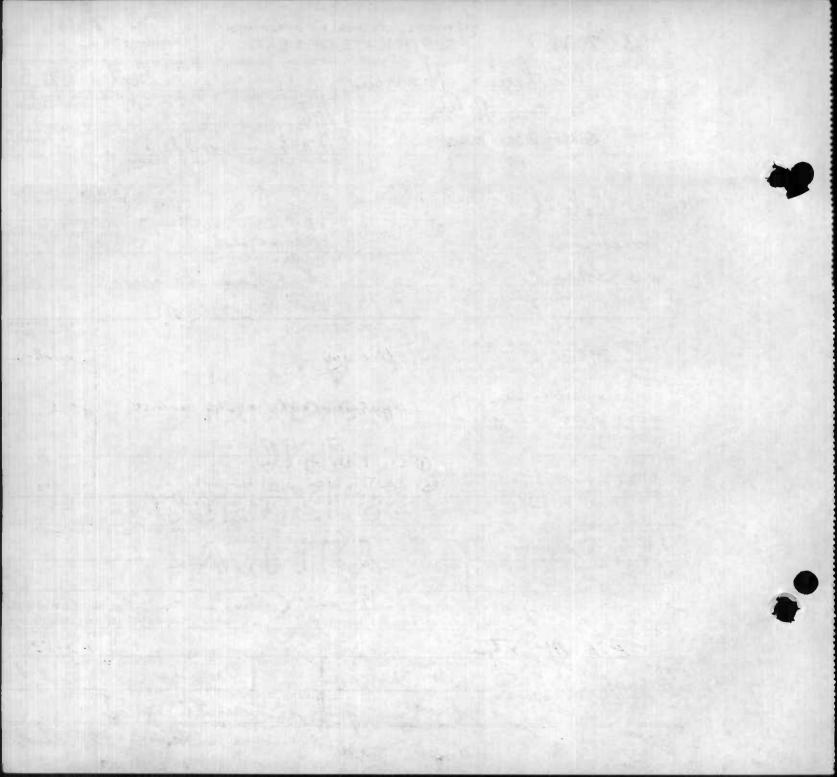


## BALTIMORE CITY HEALTH DEPARTMENT

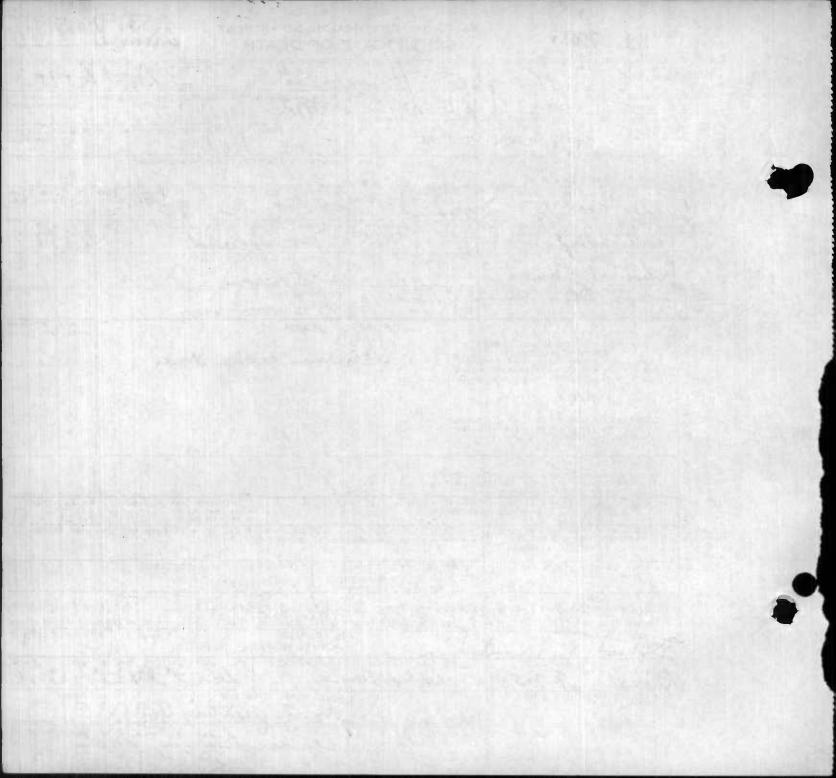
<sub>.</sub> 53	7903  BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH  Registered No. 7903
f. The	1. NAME OF DECEASED (Type or Print) Mrs. Anna I. Daly Death Sept. 2, 1953
supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland 100 W. University Pky  B. FULL NAME OF (If not in hospital or institution, give street address or
fully s.	HOSPITAL OR INSTITUTION  C. CITY OR TOWN (If outside conforate limits, with RURAL and give township)  Baltimore
e carefully legibly.	c. Length of stay in Baltimore  Lif'e Yrs.  Mos. Days  100 W. University Parkway  100 W. University Parkway  100 W. University Parkway  100 W. University Parkway
should be	Female White Widowed July 30, 1866 87 Months Days Hours Min.
on she	work done during most of working life, even if retired)  None  None  None  WHAT COUNTRY  Baltimore, Md
NDING information s	unobtainable unobtainable
BINDING of inform	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Mr Lee E Daly 210 E. Redwood Street
MARGIN RESERVED FOR BIN: UNFADING INK. Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
н.	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF DEFRATION WAS RELATED TO 20. AUTOPSY?  WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF OPERATION WAS RELATED TO 20. AUTOPSY?  YES NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (if in Baltimore City, give exact location)
INLY, w impos	OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) CF INJURY OCCURRED  WHILE AT WORK AT WARK
PLEASE WRITE PLAI	22. I hereby certificated the deceased from face , 1944 to self 2 , 1953 that I last saw the deceased glipe on part 2 , 1953, and that death occurred at 2 m., from the causes and on the date stated above 23B. ADDRESS  23B. ADDRESS  24A. BURIAL. CREMA- 24B. DATE   24C. NAME OF CEMETERY OR CREMATORY   24L. LOCATION (City, town, or exinty)   (State)    Burial   Sept. 1953   Cathedral   Baltimore, Maryland.  DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE   25. FUNERAL DIRECTOR   ADDRESS    LOCAL REGISTRAR   SIGNATURE   25. FUNERAL DIRECTOR   ADDRESS    LOCAL REGISTRAR   ADDRESS   ADDRE
	VS 150



e		53	790	4		TIMORE O					X Re	ටර gistered 1	7904 No	
ed. The	1.	NAME OF D 'ype or Print)	ECEASED	ather	ine	Har	ria				2. DATE OF DEAT	1100	t2-19	53
ully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or iocation) INSTITUTION  OHNS HOPKINS HOSPITAL  Yrs. Mos. Days								A STATE B. COUNTY before adm  CO					admissior
be carefully nd legibly.									D. STREET ADDRESS (If rural, give location)					
ould a	le	mile	Colo	or RACE	WIDOW	E. MARRIED, ED, DIVORCE	D (Specify)	3-	26 - 0	3	5	rthday) M	if Under 1 Year   If I onths Days Ho	oder 24 Hem urs Min
on she	wor	donoguing most	f working life	(Give kind of eyen if retired)	10s. KIND	OF BUSINE	SS OR NDUSTRY	m	ary 6	und		try)	12. CITIZEN	OF
NDING information s of death ele		be-	Ba	nd				14. MO	THER'S MA	AIDEN N		rne	v	
BINDING of inform uses of dea	(Yg	no or unknown)	D EVER IN (If yes, gi	U.S. ARMED ve war or dates	FORCES?	16. SOCIAL SECURI		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL						
FOR y item		(This does	not mean	NDITION IN TO DEAT the mode of the dec. It means	'H f dying, e. g	رم. نام (۸)	Uren		ATH				ONSET AN	ND DEAT
RESER INK. please v	CATION	DISEASES	ANTECED S OR CONI	ENT CAUS  DITIONS, IF CAUSE (A)  DITION LA	ES ANY, GIVIN	(B) (A)	урата	sinc	-doz	rasculi	des	use	years	) 
MARGIN, UNFADING Physicians:	ERTIF	TO THE	DEATH I	CONDITIONS BUT NOT F	ELATED TO	TING	irrhos jastric		live with	homos	rhage		mar	Zs Rs
lee!	AL C	19A. DATE O		O W	AS PERFO					PART I	F DEATH,		IN YES	NO [
PLAINLY, WITH	EDIC.	OR CONTRIE DEATH (NOT	UTING	CAUSE OF	about l	PLACE OF I	NJURY (e street, office l	bldg.,etc.)	INJURY O	RE DID	(If in Bait	imore City,	give exact iod	ation)
		21D. TIME ( OF INJURY	Month) (I	Day) (Year)	(Hour)	WHILE AT WORK	OCCURRE NOT WHIL AT WORK	E	21f. HOW	DID IN	URY OCC	UR1		
TE PL		deceased a	ive on	that Latt	cnded the	deceased fr and that dec				3, to, from t	1 - 2 he causes	and on t	that I last he date state	ed abov
WRITE	2.	4A. BURIAL.	. A . I	Mc S	type	24c, NAME OF	м. р. 10	3B. ADD	HOPKING	HOSE 24p. L	OCATION	(City, town	9-2-, or county)	
PLEASE W	-	AA. BURIAL, CON REMOVAL (S	2 2	7-5-5	3	St. J	oup	les 25 EUI		RECTOR	eorg	anga	ADDRESS	ed
SE	L	DCAL REGIST	RAR	1 4	5/45	18 0	0 1	Jos	Co	Ma	the	eg le	4	
00		VS 150		. 4			1919	1	evi	ar	el to	ive	Tuco	2

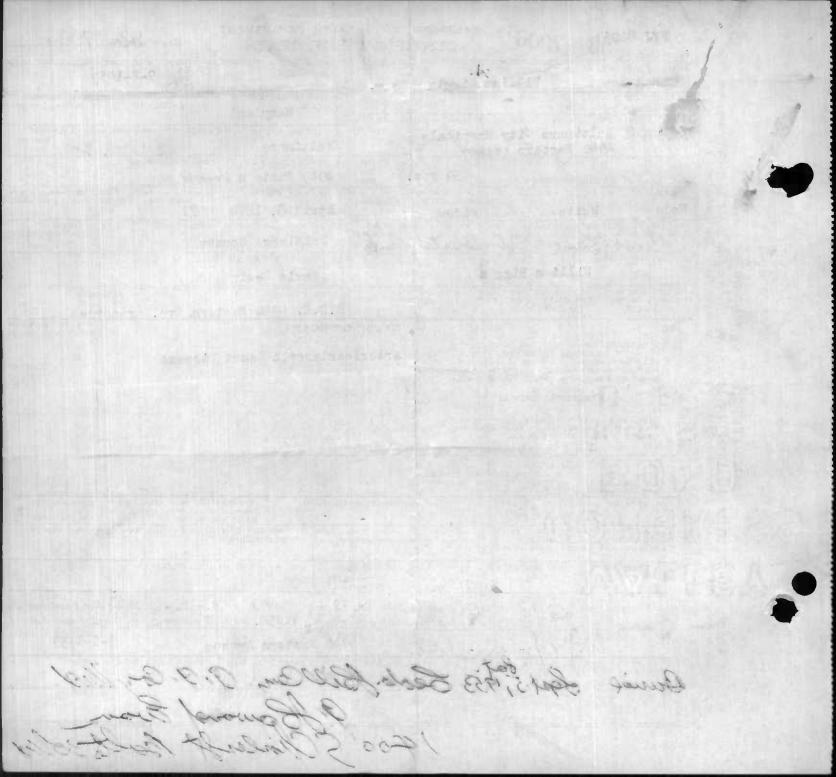


The	В	H-530 BALTIMORE CITY HE CERTIFICATE CERTIFICATE			53 79 istered No.	905
supplied. T	(T	NAME OF DECEASED Margaret Ham  PLACE OF DEATH: Baltimore City, Maryland  Baltimore City, Maryland  Baltimore City, Maryland	mitt.	2. DATE OF DEATH NCE (Where decease		-/953 ution: residence before admission)
fully sup	B. H	FULL NAME OF OSPITAL OR STITUTION TOHNS HOPKINS HOSPITAL  JOHNS HOPKINS HOSPITAL	CENTY OR FOWN	1	11. 7020	e RURAL and give township)
NDING information should be carefully is of death clearly and legibly.	10000	Length of stay in Baltimore Yrs. Mos. Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	o. STREET ADDRES	9. AGE (1	n years It Under 1	Year   If Under 24 Henrs
	Dic.	DA. USUAL OCCUPATION (Givekind of k doue turing most of working life, age of retired)  WIDOWED, DIVORGED (Specify)  WIDOWED, DIVORGED (Specify)  108. KIND OF BUSINESS OR INDUSTRY	2-25-	83 Portate or foreign country		Days Hours Min.
	13	John J. Jones	14. MOTHER'S MAI	DEN NAME	nes	(3) /4.
BINDING of inform uses of dea	Co	(NAS DECEASED EVER N U. S. ARMED FORCES? se, no or unknown) (Negro, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	NS HOSPITAL	ADDRE	SS
MARGIN RESERVED FOR BIN PLAINLY, WITH UNFADING INK. Every item of i pecially important. Physicians: please write the causes	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	CES	rix Hei		TERVAL BETWEEN
	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.				***************************************
	DICAL	19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPI WAS PERFORMED   21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. or CONTRIBUTING CAUSE OF obout home, farm, factory, street, office by DEATH (NOTIFY MEDICAL EXAMINER)	g, io or 21c, WHER		ENTER IN Y	exact location)
	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE. OF INJURY WHILE AT WORK AT WORK	E	OID INJURY OCCU	JR?	
WRITE PL		22. I hereby certify that I attended the deceased from deceased alive on 19 2, and that death occurry 19 23. SCNATURE 23.	BE. ADDRESS	from the causes	and on the da	t I last saw the te stated above.
四四		4A. BURIAL, CREMA- ON REMOVAL (Specify)  9-7-53  Libly Ro			Mills	inty) (State)
PLEAS correct	D		25 FUNERAL DIRE	attingle	4 ADD	RESS
		VS 150	Leaves	of tarres	mal	



	NAME OF D		liam Riggin			2. DATE 9-2.	-1953	
	PLACE OF D	EATH:	riam niggin	4. USUAL RESID	ENCE (W	DEATH here deceased lived B. COUNTY		
В.	FULL NAME		tal or institution, give street address of	A I I TO THE REAL PROPERTY OF THE PARTY OF T				
1N	STITUTION	Baltimore Cit 4940 Eastern	ty Hospitals	Baltimore	N (If	outside corporate li	mits, write RURA	Lan
5	+	TOTO Bastern	Yrs.	D. STREET ADDR				
	Length of s	stay in Baltimore	50 yrs. Mos. Days				T 6 11 - 3 V	B A .
	ale	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specif Widow			9. AGE (In years last birthday)	If Under 1 Year II Months Days H	Under ours
		CUPATION (Give kind of of working life, even if retired)		11. BIRTHPLACE			12. CITIZEN WHAT	
13	FATHER'S	MAME	bordeneral Banbo	Baltimore				
		William Ri	lggin	Mavie Le				
15 (Ye	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or date	D FORCES?   16. SOCIAL es of service)   SECURITY NO.	17. INFORMANT			ADDRESS	
	no	no	SECONTI NO.	В.С.Н. 4940	Easte	ern Ave. (r	records)	
	(This does	SE OR CONDITION LEADING TO DEA's not mean the mode of the are, asthenia, etc. It mes complication which of	DIRECTLY TH of dying, e.g., ans the disease, caused death.) DUE TO	OF DEATH	leart I	disease	INTERVAL ONSET A	
CATION	DISEASE	LEADING TO DEA's not mean the mode of the street of the st	DIRECTLY TH of dying, e.g., ans the disease, caused death.)  SES  (B)  (A)  Arter: (B)  (B)	iosclerotic E		D <b>i</b> sease		
ERTIFIC	DISEASE RISE TO THE	LEADING TO DEA's not mean the mode of the assessment of the complication which of the complication which of the complication which of the complication which of the complication of the co	DIRECTLY TH Of dying, e.g., ans the disease, caused death.)  SES  (B)	iosclerotic F		)isease		
RTIFIC	DISEASE (This does heart fails in jury or DISEASE RISE TO TUNDERL.	LEADING TO DEA s not mean the mode of the asthenia, etc. It mes complication which of the complication which of the complication which of the complication of the comp	DIRECTLY TH Of dying, e.g., ans the disease, caused death.)  SES  (B)	iosclerotic E	IF OPERAT	ION WAS RELATE!	D TO 20. AUT	OPS
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CAL CERTIFIC	DISEASE RISE TO THE DISEASE (19A. DATE (21A. ACCID OR CONTRII DEATH (NO.	LEADING TO DEA'S not mean the mode of the another mode of the state of the complication which of the complication which of the above cause (A) ying conditions to the conditions of the condition of the condition causing of operation of the condition causing the condition causing the causing the condition causing the condition causing the causing	DIRECTLY TH Of dying, e.g., ans the disease, caused death.)  SES  (B)  (FANY, GIVING STATING THE DUE TO  CONTRIBUTING RELATED TO THE G IT.  (B)  (C)  (C)  (C)  (C)  (C)  (C)  (C)	DPERATION  (e. g., in or coebldg., etc.)  RED  RED  RILE   21F. HOW	IF OPERAT CAUSE OI PART I O RE DID ( DCCUR?	TION WAS RELATE F DEATH, ENTER R PART II	D TO 20. AUT	OPS
EDICAL CERTIFIC	DISEASE (This does heart fails in jury or DISEASE RISE TO THE DISEASE (TO THE	SEADING TO DEA  Inc. asthenia, etc. It mes complication which  ANTECEDENT CAUSE  SOR CONDITIONS. IN THE ABOVE CAUSE (A) YING CONDITION LA  STATE BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH SOR CONDITION CAUSING OF OPERATION  ENT WAS UNDERLY BUTING CAUSE OF COMMITTED CAUSE OF COMMITTED CAUSE  (Month) (Day) (Year)  TO year tify that I at	DIRECTLY TH Of dying, e.g., ans the disease, caused death.)  SES  (B)  (FANY, GIVING STATING THE AST.  (C)  SCONTRIBUTING RELATED TO THE G IT.  SB. CONDITION FOR WHICH (NAS PERFORMED)  ING  About home, farm, factory, street, offi ER)  (Hour)  218. PLACE OF INJURY FER)  (Hour)  218. INJURY OCCUR WHILE AT NOT WI WORK  M. WORK  AT WO  tended the deceased from	DPERATION  (e. g., in or cobldg., etc.)  RED	IF OPERAT CAUSE OF PART 1 OF COCUR?  ODCCUR?  ODCCUR?	TION WAS RELATED F DEATH. ENTER R PART II If in Baltimore Co	D TO 20. AUT YES 1 ity, give exact lo	OPS Notes that the second seco
EDICAL CERTIFIC	DISEASE (This does heart fails in jury or DISEASE RISE TO THE DISEASE (19A. DATE (19A. DATE (19A. DEATH (NOT LIDEATH (NOT	A DEADING TO DEA  Inc. asthenia, etc. It mes  complication which of  ANTECEDENT CAUSE  SOR CONDITIONS. IT HE ABOVE CAUSE (A) YING CONDITION LA  IT HE ABOVE CAUSE (A) YING CONDITION LA  SOR CONDITION CAUSING DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT DEATH BUT NOT LEVEL TO SOLVE THE SO	DIRECTLY TH Of dying, c. g., ans the disease, caused death.)  SES  (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)	DPERATION  (e. g., in or cobldg., etc.)  RED	if operations of part i of	TION WAS RELATED F DEATH, ENTER R PART II If in Baltimore Co URY OCCUR?  - 2 - , 16 the causes and on	D TO 20. AUT YES 1 ity, give exact lo	OPS Nicatio

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### CERTIFICATE BALTIMORE CITY HEALTH DEPARTMENT

BIRTЫ 30. 17	907 Non K	16 . C	ERTIFICAT	E OF DEAT	H Registered No.	7(4)7
1. NAME OF DE (Type or Print)	ECEASED	DONNI	E VISA		2. DATE OF Sept.	
a. Baltimore C	ity, Maryland			A. STATE Mary	ENCE (Where deceased lived, If ins	titution : residence before admission
B. FULL NAME ( HOSPITAL OR INSTITUTION	Sinai Hospi		n, give street address or location)	C. CITY OR TOWN		write RURAL and giv
c. Length of st	tay in Baltimore		Yrs. Mos. Days		Ess (If rural, give location)  Morley Street	
Male	6.COLOR OR RACE White		MARRIED. D.DIVORCED (Specify)	8. DATE OF BIRTH Oct. 19, 19	last birthday) Month	der i Year H Under 24 Hours hs: Days Hours Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (S	State or foreign country)   12	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S N	IAME			14. MOTHER'S MA	IDEN NAME	
		Vis	sage	Pearline H	atfield	/
15. WAS DECEASE Yes, no or unknown)	D EVER IN U. S. ARMED (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Sharp Funer	al Home, LaFollette	PRESE enn.
DISEASES RISE TO T UNDERLY	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) ING CONDITION LA	F ANY, GIVING STATING THE ST.				
OTHER S TRIBUTING TO THE DI	IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED				
19A. DATE O	F OPERATION 1	9B, MAJOR I	FINDINGS OF OPER			20. AUTOPSY?
UNDERLYING	NAL CAUSE WAS G M OR CONTRIB- LAUSE OF DEATH.	218. PLAC about home, far	E OF INJURY (e. g., i m, factory, street, office bldg., Home	INJURY OCCU	Morley Street	e exact location)
	Month) (Day) (Year)	WI	IE. INJURY OCCURR  ILE AT NOT WHILE  NORK AT WORK		al investion of lea	named id.
the evi	dence obtained by	said Auton	cmains described of sy, Inspection or i om: natural cause	Inquiry, find that s , accident ,	Autopsy, Inspection or Inquiry said deceased died on the suicide □, homicide □, und	determined .
23A. SIGNAT	Mian V Mer	not x		.D. MEDICAL INV	EDICAL EXAMINER 23c. EDICAL EXAMINER SEDICAL EXAMINER SEDICAL EXAMINER SEDICAL	t. 3, 1953
removal (s	9/4/53	(1)	a Follette		Ea Follette,	Tennessee
DATE RECEIVED		S SIGNATUR	E	25. FUNERAL DIR	A A	DDRESS

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N-966.

St. Paul

See Directive in Document file from Dr. Wm. V. Lovitt, Jr., Asst. Medical Examiner

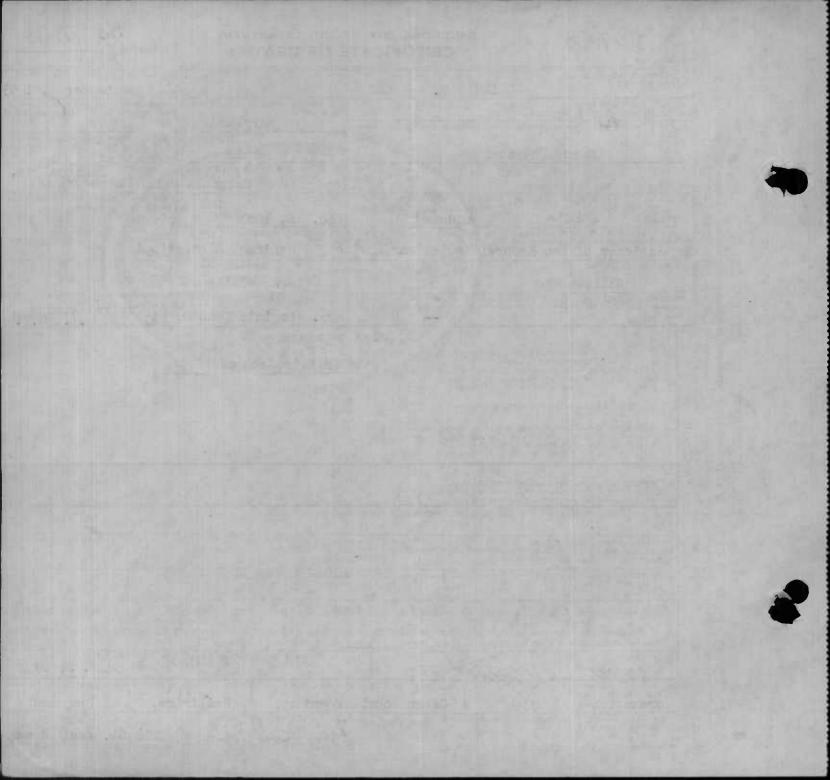
		TR. 0	790	8	ВА				DEPARTM DEATH		Regis	53 stered No.	79	08
The	1	NAME OF E	ECEASE	D							2. DATE			
		Type or Print)		LU	CIEN	F.	RYE				OF DEATH	Septe	mber 2	, 195
lied		Baltimore		arvland				4. US	UAL RESIDEN	ICE (Wh	ere deceased B. COU	lived. If ins	titution : re	
ddn	В.	FULL NAME		If not in hospita	al or institu	tion, give s		or	Mary	land				
> 20		OSPITAL OR	.,	***			locatio	c. CIT	Y OR TOWN		atside corpor	ate limits, w	rite RIIRA	L and gi townshi
Y.	-		Mer	cy Hospi	tal		Yrs		Balt REET ADDRES	imore				
NDING information should be carefully supplied to death clearly and legibly.		Length of s	ton in	Raltimore			Mos	11	hts of C			I AI	adison	Sts.
leg Jeg	- Common	. SEX		OR OR RACE	7. SINGL	E, MARRI	ED. Day	I 8. DAT	E OF BIRTH		9. AGE (In			Under 24 Hou
d b		Male	Wh	ite		ved, divo	ORCED (Special	y) Dec	16, 1883			day) Month		
oulo ly	10	DA. USUAL OC	CUPATI	ON (Give kind of)				11. BIF	RTHPLACE (St			)   12	. CITIZEN	OF
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ion cl	13	B. FATHER'S	VAME					14. MC	THER'S MAIL	DEN NAM	1E			
G mat eatl	1	W:	illia	n Rye				De	eborah Wi	lliam	ıs			
for f d	15 (Ye	s, no or unknown)	ED EVER	IN U. S. ARMED	FORCES?	16. SOC	CIAL CURITY NO.	17. INI	FORMANT		(7	Centra	RESS	
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R BIN em of i causes		18. 58	1.0				CAUSE	OF DE	ATH				INTERVAL	ND DEAT
INK. Every item please write the cau		heart fail	s not me ire, asthe complic	NG TO DEAT an the mode of nia, etc. It mea ation which c	of dying, e. ns the disea aused deat	se, h.) DUE	: то	y infi	ltration	of l	iver	•		****************
RESEI INK.	TION	RISE TO	HE ABD	ONDITIONS, IN VE CAUSE (A) ONDITION LA	STATING T	NG HE DUE		•••••••	••••••	********	******************	*****************		
INC PISC	OA					(0	3)		***************************************					••••••
MARGIN F UNFADING Physicians: p	ERTIF	TRIBUTING	TO THE	CANT CONDI E DEATH, BUT OR CONDITION	NDT RELAT	ED								
E SH	Ü	19A. DATE					GS OF OPE	RATION					20. AU	TOPSY?
Prof.	A L												YES X	NO [
ILY, WITH important.	EDIC,		G 🗌 08	SE WAS R CONTRIB- OF DEATH.	218. PL	ACE OF 11 farm, factory,	NJURY (e. g. ,street, office bldg	, in or 210 .,etc.) INJ	URY OCCUR	O (If	in Baltimor	e City, give	exact loca	ntion)
	Σ	21D, TIME OF INJURY	(Month)	(Day) (Year)	` '	WHILE AT	DRY OCCUR	E	. HOW DID I	NJURY (	OCCUR?			
PL		the ev	idence e	I took char obtained by my opinion	said Auto	remains	described	above, h	eld an	topsy, Ins	topsy spection or leased died homicid	Inquiry l on the e	hereon clay state	ed abov
WRJ e is		23A. SIGNA		1/0	last.	4		231 ASS	B. CHIEF MED SISTANT MED DICAL INVES	ICAL EX	AMINER	□   23c. [	t. 2,	NED
S t	2.4 TI	AA. BURIAL.	Decify	248. DATE /		add NAM						ty, town, or	county)	(State)
PLEASE correct ag		cremat	Lon	9/4/53	1,3	Green	n Mount	Crema	tory	Balt	imore,		Maryl	and
PI	L	ATE RECEIVE	D BY RAR	REGISTRAR'S	SIGNATI	JRE ()	170	25. FW	NERAL DIREC	TOR .		AI	DDRESS	

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1217 St. Paul Street

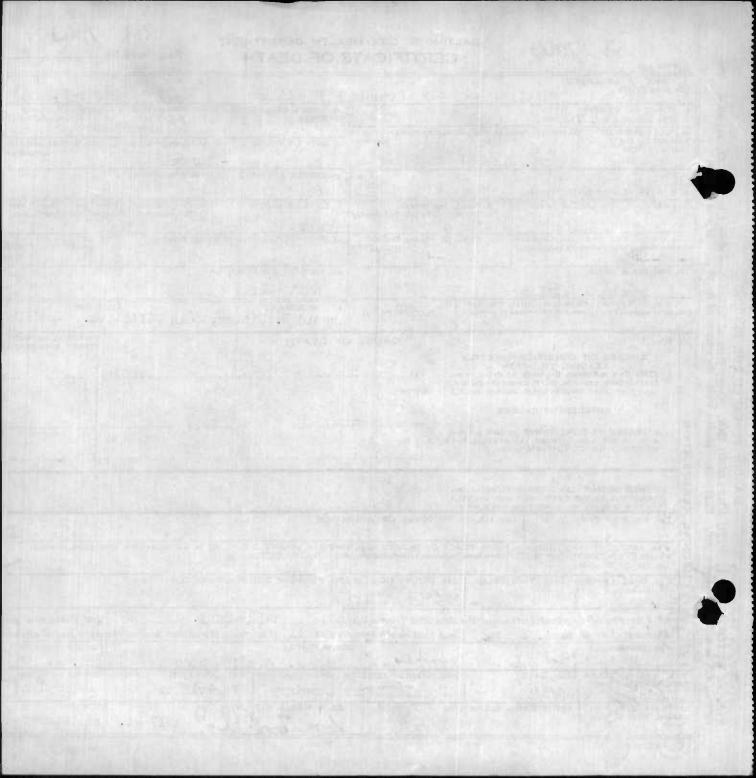
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	BALTIMORE CITY HEALTH DEPARTMENT S3 7909  CERTIFICATE OF DEATH  Registered No.								
		NAME OF DECEASED  Witlam, Baby Boy (Arnold	Erik Witlam)   2. DATE OF DEATH September 2, 1953						
	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)						
	HC	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR Location) STITUTION							
4	14	St. Joseph's Hospital	Baltimore - Dundalk						
ø	d	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)						
	_	Length of stay in Baltimore 8 days Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	6814 Fifth Avenue   8. DATE OF BIRTH   9. AGE (In years   11 Under 1 Year   11 Under 24 Hours						
		Widowed, Divorced (Specify)  Single	August 25, 1953 Rust birthday) Months Days Hours Min.						
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF						
	10	FATHER'S NAME	Maryland						
	13		14. MOTHER'S MAIDEN NAME						
	15	Arnold D. Witlam . WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	Edith Marie Adkins						
	(Yes	(If yes, give wer or dates of service) SECURITY NO.	Arnold D. Witlam, 6814 Fifth Ave., Dundalk						
	RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)							
	CERTI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	AL	19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSY?						
To a control	EDICAL	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e.g., ebont home, farm, factory, street, office bldg.,							
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY  OF INJURY  WHILE AT WORK AT WORK							
		22. I hereby certify that I attended the deceased from Aug							
And Cake		deceased alive on Sept. 2, 1953, and that death occur	rred at 2:15 pm., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED 1400 N. Caroline Street Sept. 2, 1953						
9000			ERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)						
2000	DA	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR 1217 St. Paul Street						
	VS 150 000								



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Registered No.	LOTTO

BI	/ 53 7910 RTH NO.		E OF DEATH	Registered No.	7910		
1.	NAME OF DECEASED ype or Print)	MARY ANN FULLER	2	OF Aug. 3	1, 1953		
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (When				
B. HC	FULL NAME OF (If not in hospit	al or institution, give street address or location) quare Hospital		side corporate limits, w	vrite RURAL and give township)		
C.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rure 1707 Lemmon				
5.	SEX   6. COLOR OR RACE   White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 9.		er I Year   N Under 24 Hours   Hours   Min.		
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  CLEK/(	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign)	(n country)   12	WHAT COUNTRY		
13	FATHER'S NAME	WETZEL	14. MOTHER'S MAIDEN NAME				
15 (Yee	. WAS DECEASED EVER IN U. S. ARME o, no or unknown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Was drivers King		RESS #		
	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which	DIRECTLY TH of dying, e.g., ans the disease, caused death.) DUE TO	ound of heart		INTERVAL BETWEEN		
CATION	DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO					
ERTIFIC	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED					
U	19A. DATE OF OPERATION 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY7		
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING M OR CONTRIB- UTING CAUSE OF DEATH.	Baltimore City, give					
Σ	OF INJURY August 31, 1953 9:	A D WHILE AT NOT WHILE			ltercation		
	August 31, 1953 9:45 Pm. WHILE AT WORK Stabbed by husband during altercation  22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes [], accident [], suicide []. homicide [], undetermined [].						
	230 SIGNATURE 9.	a line 1	23B. CHIEF MEDICAL EXA ASSISTANT MEDICAL EXA D.D. MEDICAL INVESTIGATOR	MINER []   23c.	DATE SIGNED		
24 TIC	AA. BURIAL, OREMA- 24B. DATE		RY OR CREMATORY 240 10CA	ALTIMORE	County) (State)		
	ATE RECEIVED BY REGISTRAR	S SIGNATURE	Denge A. Jake	2 tors	illi Jud		
V	S 151 // x/// 2	Market Millian Comment	REMUY				

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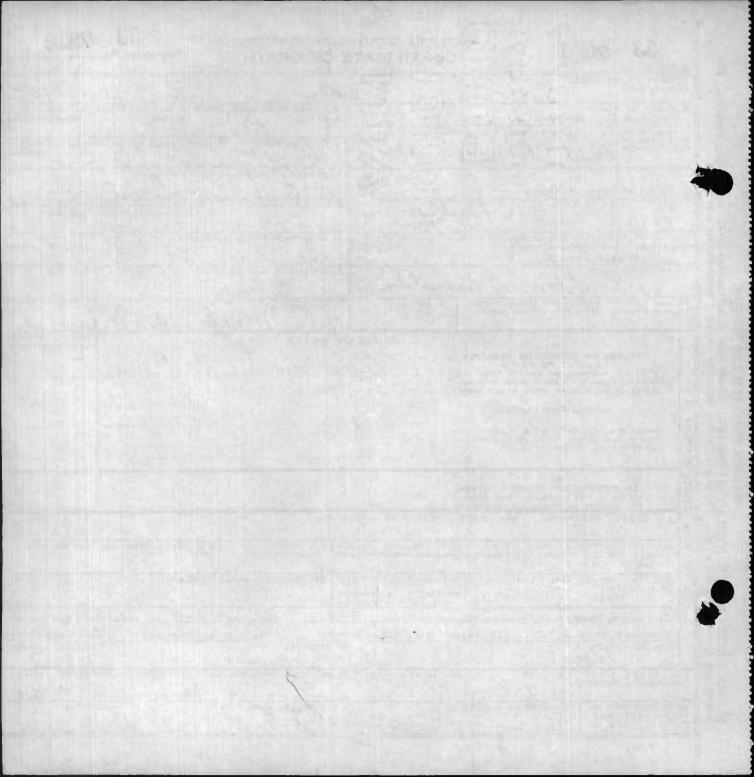
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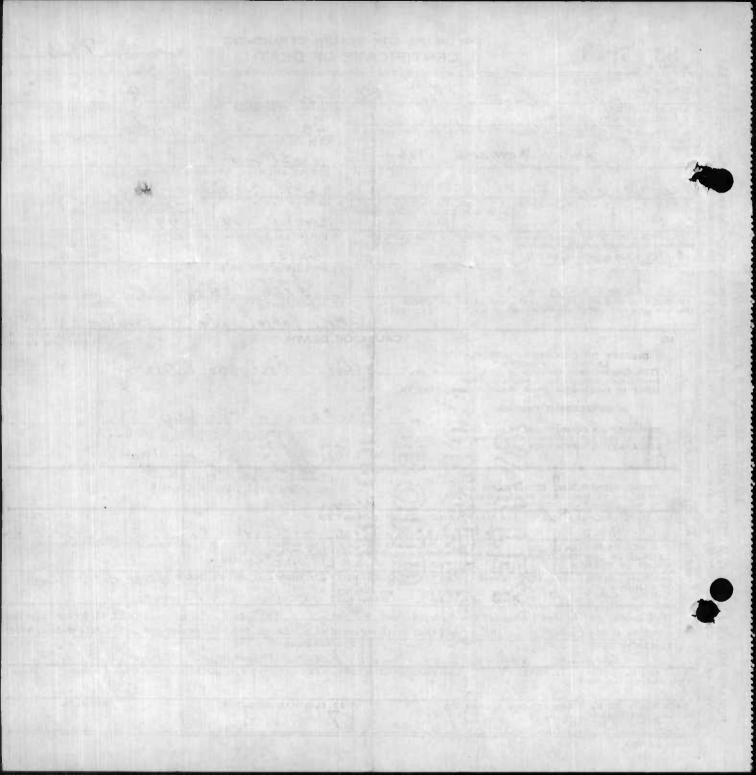
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. estrua reen DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospita) or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITYOR INSTITUTION marked Yrs. D. STREET ADDRESS (Af rurai, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) BIRTH 9. AGE (in years) It Under I Your last birthday) Months: Days Hours! Min. 146950 clearly 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife information death 13. FATHER; S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (1ffyes, give war or dates of service) 16. SOCIAL 17 INFORMANT ADDREAS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 420.0 CAUSE OF DEATH item DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIF 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. Ü 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. EDIC 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! 22. I hereby certify that I attended the deceased from. 195 J. to 19 L, that I last saw the deceased alive on 8-31 . 19 3 and that death occurred at 1 2 m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED ercura 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY DR CREMATORY (City, town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL PIRECTOR ADDRESS LOCAL REGISTRAR VS 150



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		EALTH DEPARTMENT				
B	53 7913 CERTIFICATI	E OF DEATH Registered No.				
	NAME OF DECEASED	10 Date				
	Total Control	2. DATE OF 0-1-53				
_	PLACE OF DEATH:	DEATH 7 / DEATH 7 / DEATH 1 / DEATH 7 / DEATH				
	Baltimore City, Maryland	A. STATE  B. COUNTY  before admission)				
	FULL NAME OF (If not in hospital or institution, give street address or	MD. Belto				
	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
111	Union Memorial Hosp.	Battimore township)				
	Yrs.	D. STREET ADDRESS (If rural, give location)				
1	Length of stay in Baltimore Mos.  Days	2218 Na Claus WA.				
_	Length of stay in Baltimore Days  SEX   6.COLOR OR RACE   7. SINGLE, MARRIED.	18. DATE OF BIRTH 9. AGE (In years) If linder I Year   If linder 24 Hours				
	WIDOWED, DIVORCED (Specify)					
	MIW	19arch 3, 1879 79				
wor!	A. USUAL OCCUPATION (Give kiod of 10B. KIND OF BUSINESS OR k dooe during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
	apvernment Clerk	6 h 16 USA				
	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	+1	Sand O				
11	5. WAS DECEASED EVER IN U. S. ARMED FORCES? [ 16. SOCIAL	jarah con roy				
(Ye	6. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL  a no or no koowo) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS				
1	VO	Mrs. Robert Lave Route 10 83510 City				
	18. FQA2 a CAUSE	OF DEATH				
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
		coral vascular accident				
	heart failure, asthonia, etc. It means the disease.					
	injury or complication which caused death.) DUE TO					
	ANTECEDENT CAUSES					
z	(B)	acture rt. hip				
<u>  </u> 2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	CERTIFICATION APPROVED BY				
₩¥	UNDERLYING CONDITION LAST.					
RTIFICATION	(C)	111.00 11 / 2/				
=		M. D.				
02	OTHER SIGNIFICANT CONDITIONS CON-	CHIEF OR ASST, MEDICAL EXAMINER.				
B	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
,	194. DATE OF OPERATION   198. MAJOR FINDINGS OF OPER	RATION   20. AUTOPSYZ				
¥	8-19-53   Intertroclanter	ic fracture rt hip YES NO X				
EDICA	21A ACCIDENT WAS UNDER   21B. PLACE OF INJURY (e.g., i	in or   21c. WHERE DID (If in Baitimore City, give exact location)				
	LYING OR CONTRIBUTING   about bome, farm, factory, street, office bldg., CAUSE OF DEATH	otc.) INJURY OCCUR?				
Σ	210. TIME (Month) (Day) (Year) (Hour)   21E, INJURY OCCURR					
	OF INTERY	(File to the floor)				
27	8 - 19 - 6-3 m. WHILE AT NOT WHILE AT WORK	A fell at some				
-	22. I hereby certify that I attended the deceased from 19	Aug , 1953, to / Sept , 1953, that I last saw the				
*	deceased alive on 15 th, 1953, and that death occur	rred at 8 7 m., from the causes and on the date stated above.				
		23B. ADDRESS   23C. DATE SIGNED				
	Sauce Sahraufu M.D.	Unin memorial Komo 8-2-53				
2.	AA BURIAL CREMA- 248 DATE AC NAME OF CEMETE					
TI	ON, REMOVAL (Specify)	un COUGATE MID				
15	30161 40 DED G1122- OBY ON					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS 2				
	SEP 4 1083 How twenton William Mar	Stillick MUNEPHU HOUND DUNDHU				
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	VS 150 NI POD D	MINISTER BUILDING STATE OF STA				



VS 150

BALTIMORE CITY HEALTH DEPARTMENT Registered No. DEATH 4. USUAL RESIDENCE (Where deceased lived, if institution; residence B. COUNTY before admission Rand (If our ide corporate limits, write RURAL and give terrore (If rural, give location) new 9. AGE (In years If Under 1 Year | II Under 24 Hours last birthday) Months; Days Hours; Min. (1. BIRTHPLACE State or foreign country) 12. CITIZEN OF ADDRESS INTERVAL BETWEEN DNSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 19 3 that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) M. Bucklew Firma supplied. 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) ully C. CITY OR TOWN INSTITUTION altimore Dulaney St. Yrs. Mos. 2521 Dulaney St c. Length of stay in Baltimore 12 yrs. Days 6. COLOR OR RACE | 8. DATE OF BIRTH 9. AGE (In years | | Under 1 Year | If Under 24 Hours | Months | Days | Hours | Min. 7. SINGLE, MARRIED MANDOWER DIVORCED (Specify) plnods White Female May 7,1912 clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY W. Va. Own Home information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME John A. Buffenberger Carrie Johnston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO. Lawrence R. Bucklew, 2521 Dulaney St causes 18. 63X CAUSE OF DEATH Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dylng, e.g., write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ERTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 198, MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH EDICAL important. 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT AT WORK m. 22. I hereby certify hat I, attended the deceased from PLEASE WRITE correct age is esp 1953 deceased alive on and that death occurred at o.m., from the duses and on the date stated above. 23A, SIGNATURE 238, ADDRESS 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY Baltimore National Burial Sept.4 DATE RECEIVED BY 5. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRAR

Registered No.

2. DATE OF Sept.

4. USUAL RESIDENCE (Where deceased lived, If institution : residence before admission)

B. COUNTY

(If outside corporate limits, write RURAL and give

D. STREET ADDRESS (If rural, give location)

BALTIMORE CITY HEALTH DEPARTMENT

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

ONSET AND DEATH Carcinoma You's (tung. Unknown

YES (If in Baltimore City, give exact location)

23c. DATE SIGNED

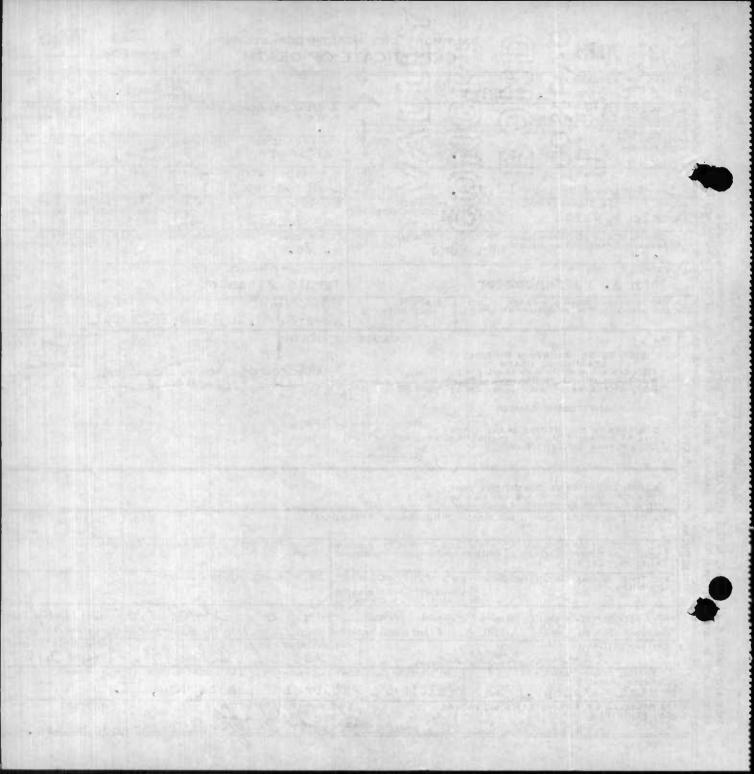
. 195 that I last saw the

ADDRESS

20. AUTOPSY

Baltimore. Md.

Edmondson



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WRITE	esp
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	age is
PLEASE	correct
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53	7916			EALTH DEPARTMENT E OF DEATH	Registered	No. 7916
	OF DECEASED		11		2. DATE OF	towhou 2 3072
A. Baltin	ore City, Maryland	wles, Gladys		4. USUAL RESIDENCE (TA. STATE		tember 3, 1953 f institution: residence before admission)
B. FULL M HOSPITA INSTITUT	_ OR	al or institution, give	street address or location)		f outside corporate limi	its, write BURAL and give
14		Joseph's Ho	ospital Yrs. Mos.	Baltimore D. STREET ADDRESS (If	rural, give location)	06
c. Lengt	of stay in Baltimore 6.COLOR OR RACE	7. SINGLE, MARR WIDOWED, DIV	Days Days	2916 Cresmont	9. AGE (in years)	If Under 1 Year   If Under 24 Hours
Femal	AL OCCUPATION (Give kind of	Widowed		0 d. 19, 1893	59	onths Days Hours Min.
Hous	ng most of working life, even if rotired)  EWI TE  ER'S NAME	Own home	INDUSTRY	Maryland		WHAT COUNTRY?
De	2. Fr.	jar		MOTHER'S MAIDEN N	usick	
(Yes, no or un	ECEASED EVER IN U. S. ARME known) (If yes, give war or only	FORCES? 16. SC a of service) SE	CURITY NO.	nrs Betty 1/a	Proben 29	16 Cresmont
18. 5	81.0	DIRECTLY	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(Th	LEADING TO DEA is does not mean the mode of the failure, asthenia, etc. It mea ry or complication which of	TH of dying, e.g., ons the discase,	a)С <u>і</u> гг	hosis of liver	***************************************	
z	ANTECEDENT CAUS	(	В)			
RISI	EASES OR CONDITIONS, 1 E TO THE ABOVE CAUSE (A) DERLYING CONDITION LA	STATING THE DU	E TO			
W TRI	II HER SIGNIFICANT CONDI BUTING TO THE DEATH, BUT THE DISEASE OR CONDITION	NOT RELATED				
194. 0	ATE OF OPERATION	98. MAJOR FINDIN	NGS OF OPER	ATION		20. AUTOPSY7

21A. ACCIDENT WAS UNDER-21c. WHERE DID

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Caroline

INJURY OCCUR?

WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from August

1953 to Sept. . and that death occurred at 1:05 pm., from the causes and on the date stated above. 23B. ADDRESS

23c. DATE SIGNED

1953, that I last saw the

24A, BURIAL, CREMA-TION, REMOVAL (Specify)

23A. SIGNATURE

CAUSE OF DEATH

LYING OR CONTRIBUTING

deceased alive on Sept.

REGISTRAR'S SIGNATURE

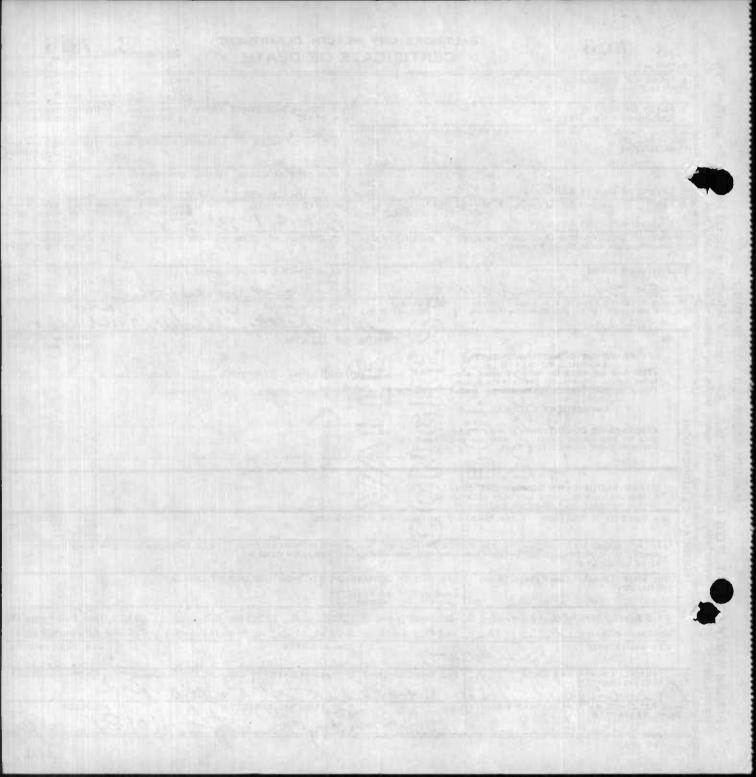
, 1953

(If in Baltimore City, give exact location)

LOCAL REGISTRAR

VS 150

DATE RECEIVED BY

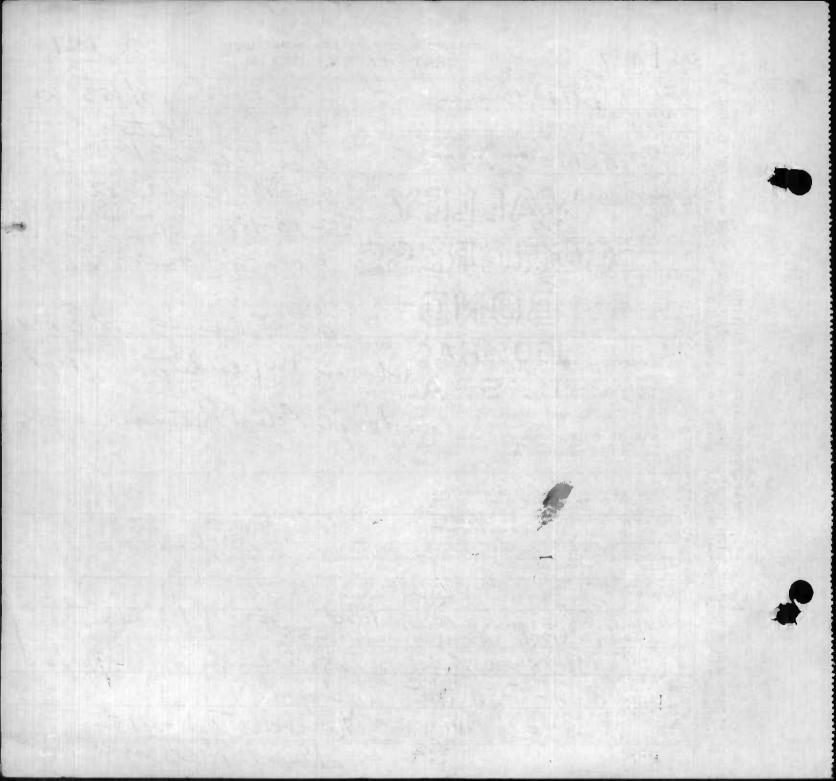


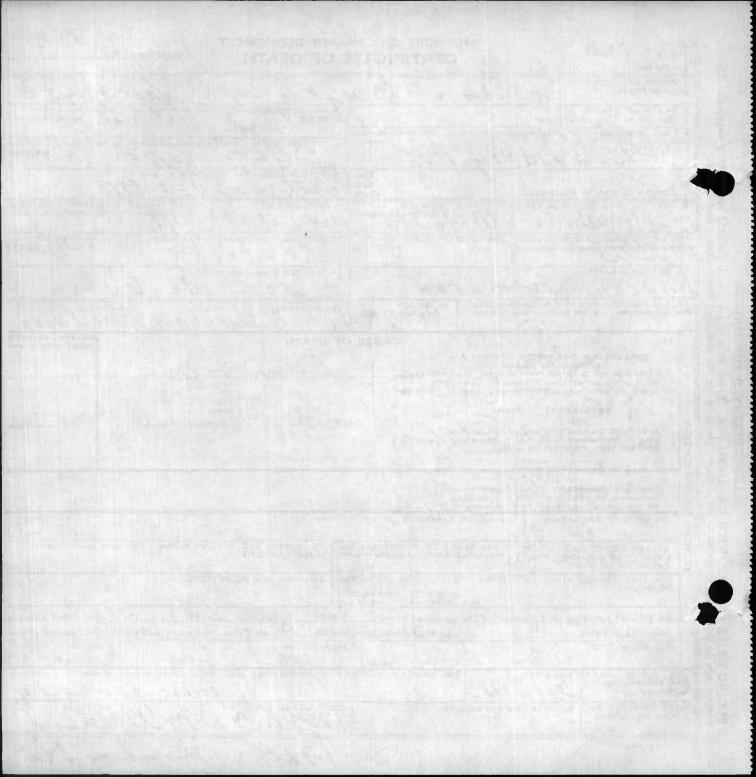
PLEASE

LOCAL REGISTRAR

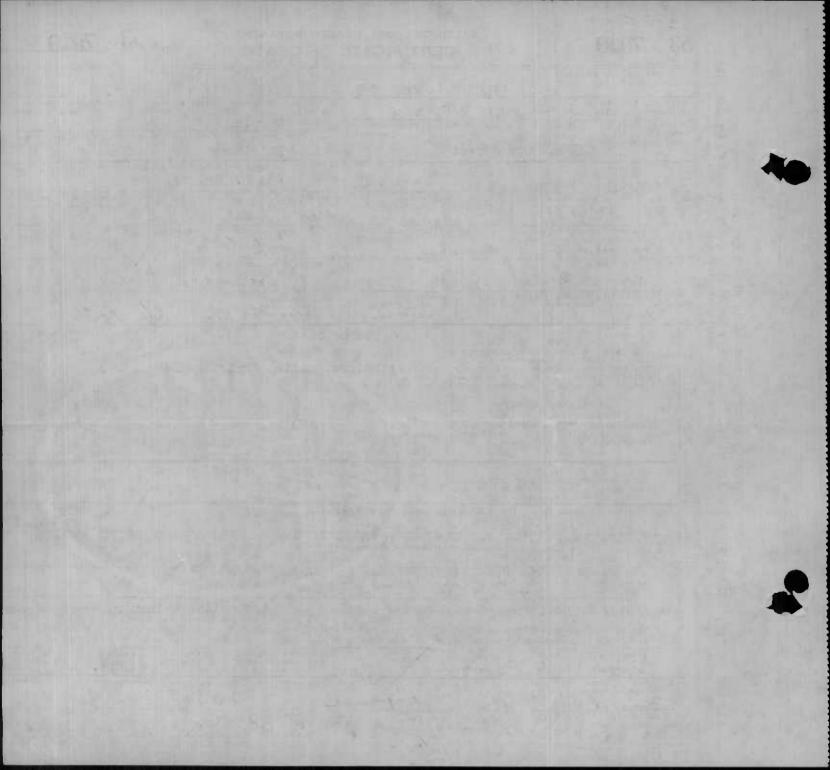
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4. USUAL RESIDENCE (Where deceased fixed If institution : residence before admission) s. avrite RURAL and give township AGE (In years | M Under | Yest | R Under 24 Hours | last birthday) | Mouths; Days | Hours; Min. It Under 24 Hours 12. CITIZEN OF INTERVAL BETWEEN IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 195 Sthat I last saw the m., from the chuses and on the date stated above. TO SIGNED 24D. LOCATION (City, town, or county)

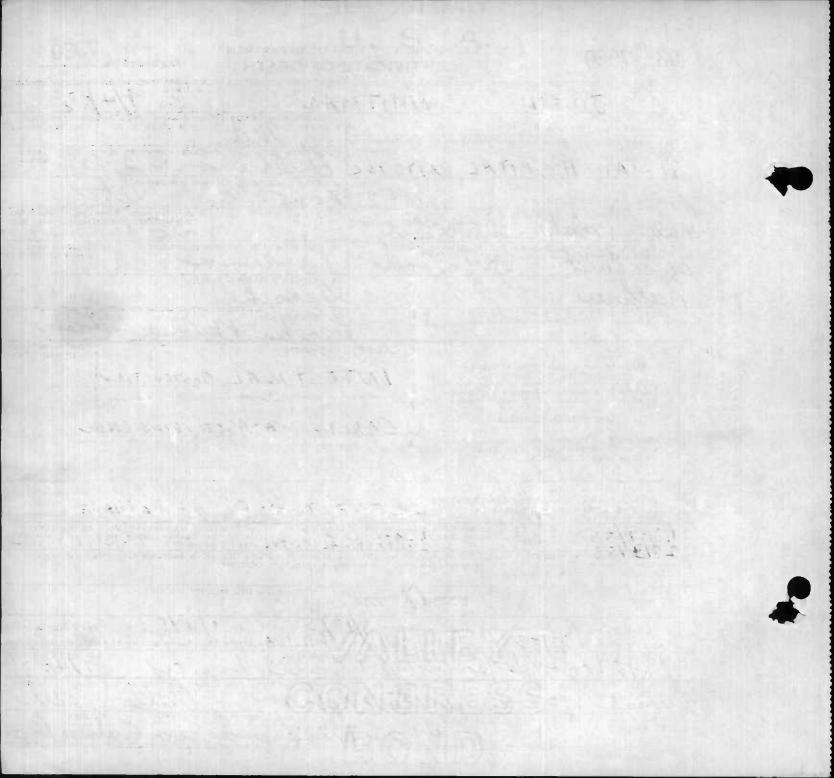




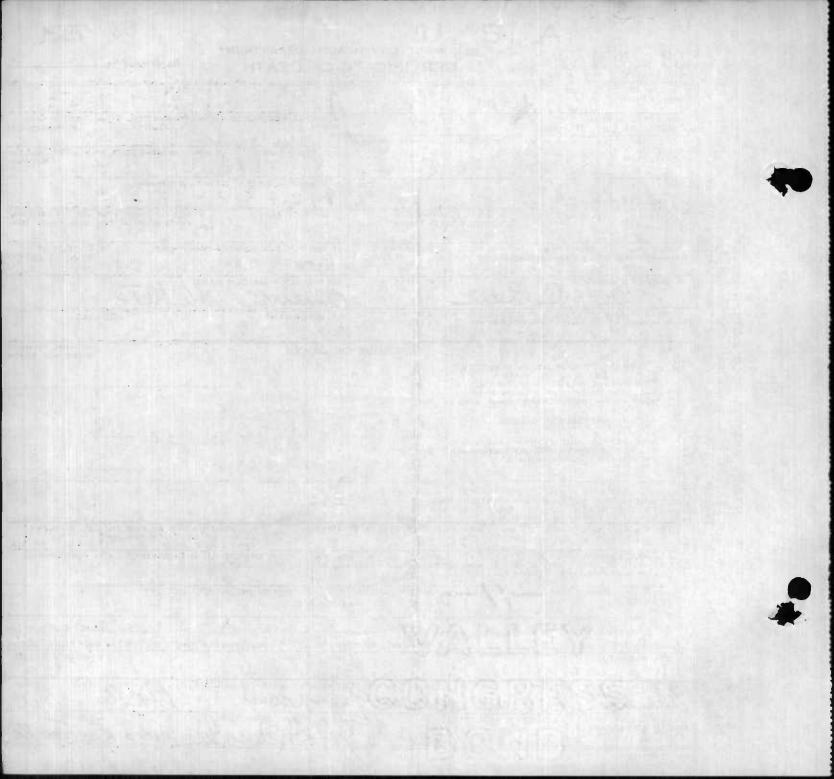
1	5	3 7949 CERTIFICATI	EALTH DEPARTMENT Registered No	7959
. The	1.	IRTH NO.  . NAME OF DECEASED (Type or Print)  LILLIAN SETTEGRACEY	2. DATE OF DEATH Sept.	3. 1953
should be carefully supplied, arly and legibly.	A B H	PLACE OF DEATH: Baltimore City, Maryland Balto, City, mal. FULL NAME OF (If not in hospital or institution, give street address or location)  STITUTION  633 E. 30th Street	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY  Maryland  C. CITY OR TOWN (If outside corporate limits, Baltimore	before admission
areful gibly.	- c	. Length of stay in Baltimore Coyno Mos. Days	D. STREET ADDRESS (If rural, give location) 633 E. 30th Street	
ld be carefu and legibly.		SEX   6.COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years little last birthday) Mont	hder l Year   If Under 24 Hours has Days   Hours Min.
on shoul	10 wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)  The working life, even if retired)  When home	11. BIRTHPLACE (State or foreign country) 1  Jork Co. Pa,	2. CITIZEN OF WHAT COUNTRY
natic		Levi Z. Seitz	14. MOTHER'S MAIDEN NAME Lucinda Boke	O .
BINDING of inform		5. WAS DECEASED EVERAN U.S. ARMED FORCES?  16. SOCIAL  SECURITY NO.	Teo Heible Glenke	ek a
RESERVED FOR BIN INK. Every item of iplease write the causes	NOL	DISEASE OR CONDITION DIRECTLY	of DEATH  Sclerotic cardiovascular diseases	INTERVAL BETWEE
MARGIN UNFADING Physicians:	CERTIFICA.	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
LY, WITH important.	DICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg., c		YES NO X
	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR. OF INJURY WHILE AT WORK NOT WHILE AT WORK		
RITE PL is especia		22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the K, accident [], suicide [], homicide [], unu 238. CHIEF MEDICAL EXAMINER	day stated above determined [].  DATE SIGNED
PLEASE W	2 TI	4A. BURIAL (CREMA- 24B. DATE 24C. DAME OF GEMETE ON, REMOVAL ESPECITY) Sept 5. (953) Reform	1 400 Ranh 1112	
PLE	757	ATE RECEIVED BY REGISTRAR'S SIGNATURE		ench, Par
	V	S 151		VI



BALTIMORE CITY HEALTH DEPARTMENT 53 Registered No CERTIFICATE OF DEATH The BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DSEPH supplied. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR e carefully legibly. (If outside corporate Puits, write RURAL and give C. C OR TOWN INSTITUTION DSPITAL BALTOING Yrs. ADDRESS 14 rurai, give location c. Length of stay in Baltimore Days should be learly and 5. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years M Under 1 Year If Under 24 Homs WIDOWED, DIVORCED (Specify, last birthday) Months Days Hours Min. 10A. USUAL OCCUPATION (Givekind of BIRTHPLACE (State or foreign country) 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? information s of death cle rehaus THER'S NAME NOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO causes of 3 X Every item write the cau CAUSE OF DEATH NTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INTESTINAL OBSTRUCTION (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CARCINOMA-ASCENDING-COLON INK. RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING SPLENECTOMY FOR HEMORRHAGE Ш TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 0 SPERATION 3 198. CONDITION FOR WHICH OPERATION WAS PERFORMED LA - COLON IF OPERATION WAS RELATED TO 20. AUTOPSY HIIM CAUSE OF DEATH, ENTER IN important. CA INTESTINAL PART I OR PART II 13 15 WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 210 TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE WORK PL 22. I hereby certify that I attended the deceased from. that I last saw the WRITE ge is espe and that death occurred at \(\mathbb{LilOAm.}, from the causes and on the date stated above. deceased alive on 1 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED age REMOVAL (Specify) 248. DATE NAME OF CEMETERY 240. LOCATION (City town, or county) PLEASE correct DATE RECEIVED BY REGISTRAR'S SIGNATURE 5 FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR OSKACOW



e	-	CERTIFICATI		Registered No.
The	1.	NAME OF DECEASED THE N. BARRAR	2.	DATE 9-2 Co
plied	3.	PLACE OF DEATH: Baltimore City, Maryland		deceased lived, If institution; residence  a COUNTY before admission)
dns ,	B. I	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	Marylin	de corporate limits, write RURAL and give
efully.	Z Z	SINAI HUSPITAL	BALTIMOR	( Wwnship)
care	c.	Length of stay in Baltimore  Yrs.  Mos. Days	Y921 Poe	give location) AVE
should be carefully supplied.	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		AGE (In years if Woder   Year last birthday) Months Days Hours Min.
n sho	10. work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign BALTIHOR	country 12. CITIZEN OF WHAT COUNTRY?
NDING information should s of death clearly a	13	SAUL Cohen	14 MOTHER'S MAIDEN NAME	atter
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Dr. Leon Cytry	n Sina Hoshi
FOR ty item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	of DEATH of J	INTERVAL BETWEEN ONSET AND DEATH
RESERVED I INK. Every please write th		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
RESEI INK.	NO O	DISEASES OR CONDITIONS, IF ANY, GIVING	+ empyer	ua after
IN R. ING I	CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	umoul ctom	9
MARGIN F UNFADING Physicians: p	CERTIF	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
hel	AL	19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION CAUSE OF DI PART I OR PA	
0	EDIC	21a. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY ( about home, farm, factory, street, office DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or 21c. WHERE DID (If in bldg.,etc.) INJURY OCCUR?	Baltimore City, give exact location)
PLAINLY,	2	OF INJURY  OF INJURY	LE	OCCUR?
E PL		22. I hereby certify that I attended the deceased from Z	-1- 1953 to 9-	3 - 5, 19 Sthat I last saw the cuses and on the date stated above.
RIT			38. ADDRESS	Balto 9-3-53
PLEASE W	24 TIG	BURIAL, CREMA- 248 DATE   240 NAME OF CEMETE	RY OR CREMATORY 24d. LOCAT	TION (Sty, town op county) (Stage)
PLE.		ATE RECEIVED BY REGISTRAR'S SIGNATURE	Sex Cues de	2100 Ballow R

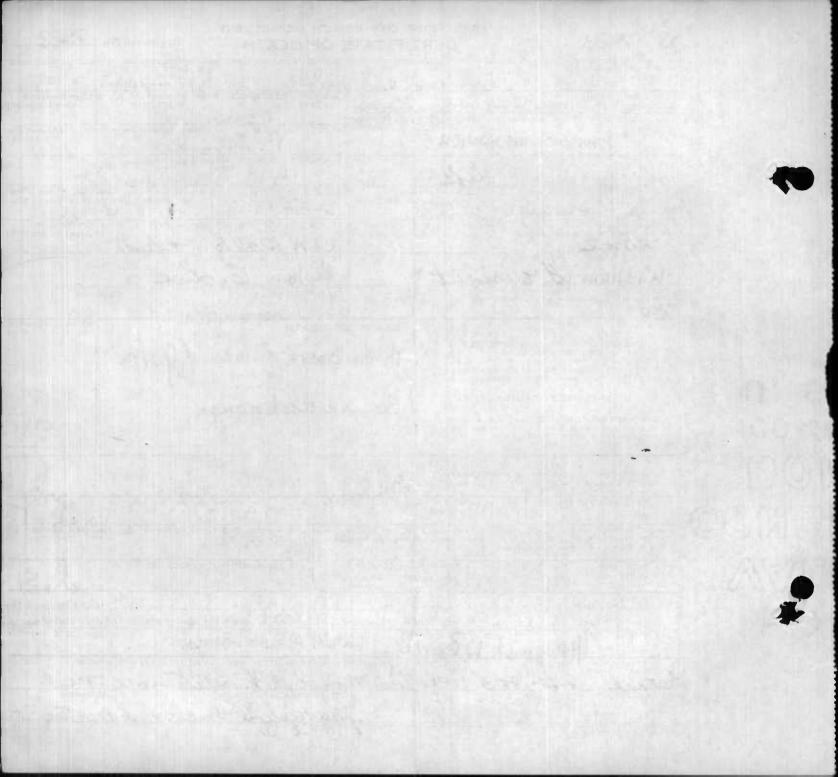


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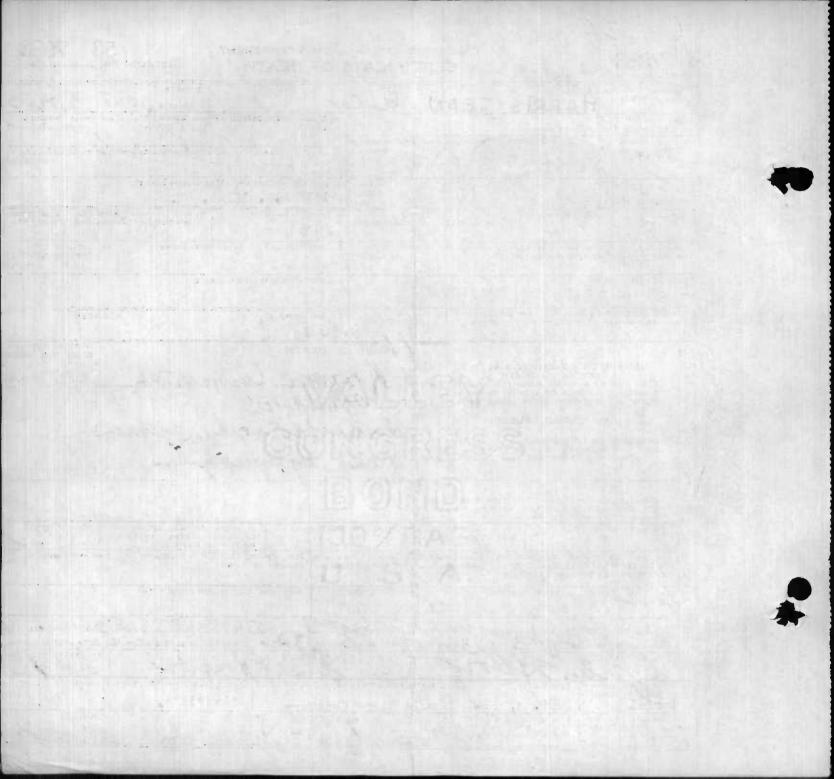
LOCAL REGISTRAR

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4. SUAL RESIDENCE (Where deceased lived, It Institution Presidence B. COUNTY before admission) (If outside corporate limits, write RURAL and give (If rural, give location) 9. AGE (In years | il Under i Year | il Under 24 Hours | Inst birthday) | Months; Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN PART I OR PART 11 21c, WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? that I last saw the and that death occurred at 1222 m., from the causes and on the date stated above. 23c. DATE SIGNED (State)



53	H - 6 17923	Am Ros			EALTH DEPAR	-	Registered No	3 792	23
=	1. NAME OF D (Type or Print)		TEAL	U ELLE	N	2	DATE OF DEATH SEP	T 3,19	53
		City, Maryland	~		A. STATE	DENCE (When	e deceased lived, If is	stitution : resid- before adr	
	B. FULL NAME HOSPITAL OR INSTITUTION	S NA	HOSPi	give street address o location		NN. (If out B	side corporate limits,		and give waship)
0	c. Length of s	stay in Baltimore	10	of Own Mos.	1635 N.W	RESS (If rurs	,		
1 1000	5. SEX	6. COLOR OR RACE	7. SINGLE, M WIDOWED,		8. DATE OF BIR	-1953 P	AGE (In years last birthday) Mon		at 24 Hams a Min.
		CCUPATION (Give kind of of working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR	Miami	Beach	rn country) Fa	WHAT COL	
	13. FATHER'S	ARD D.	16	Ris	N. W. V	Seathe	rington		
	15. WAS DECEAS Yes, no or unknown)	ED EVER IN U.S. ARME (If yee, give war or date	D FORCES? 16 s of service)	SECURITY NO.	17. INFORMANT	Edlow	Sina	DRESS	b.to
	(This doe heart failt injury or DISEASE RISE TO UNDERL.	SE OR CONDITION LEADING TO DEA' In not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	TH of dying, e.g., ins the disease, caused death.)  SES  F ANY, GIVING STATING THE	-	NOMALIE NOMALIE Londrot n, hyd		NITAL agenes lus	lifett	me
3 1	TO THE	II GNIFICANT CONDITIONS DEATH BUT NOT DR CONDITION CAUSING	RELATED TO TH		-				
	/	OF OPERATION A 1		N FOR WHICH C	PERATION		N WAS RELATED TO DEATH. ENTER IN PART II		SY7
	OR CONTRI	ENT WAS UNDERLY BUTING CAUSE OF TIFY MEDICAL EXAMINE	about home,	ACE OF INJURY ferm, factory, street, office			in Baltimore City, i	rive exact locat	ion)
6717		(Month) (Day) (Year)	WH:	INJURY OCCURE	ILE	W DID INJUR	Y OCCUR?		
	22. I herel	by certify that att		cased from State that death occu		3 to Se	causes and on th	Shat I last s e date stated	
27 70	23A. SIGNA	ule 24	low	м. D.	23B. ADDRESS	Hosp	rtul	DENT 3	IGNED 3
3 33	TION, RENOVAL (S Burial	Specify) Sept. 4,		ruid Ridge	Cemetery	Pikesv	ille,	Md.	(State)
1	DATE RECEIVE LOCAL REGISTERS AND AUTOMOTE VS 150	ED BY REGISTRAR	SSIGNATURE		John O. J	nitchell	thus 190	o Entan	Pl



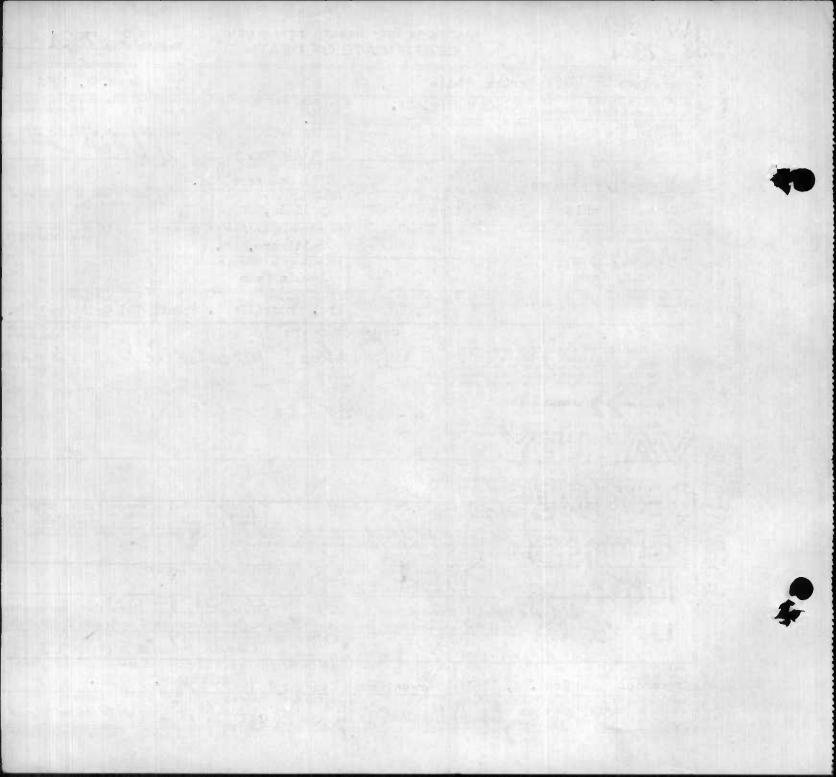
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VS 150

# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52	7924
Registered No_	1004

BI	IRTH NO.			CERTII ICATI	OI DEA				
1. (T	NAME OF D ype or Print)	Ber	tha Wh	nite			2. DATE OF DEATH	Sept.	3, 1953
A.		ity. Maryland		edral St.	4. USUAL RES	IDENCE (W	here deceased li B. COUN	ived. If instit	tution : residence before admission
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospite	il or instituti	on, give street address or location)	c. CITY OR TOV	re.	/	1-0	te RURAL, nd gi townshi
6	Length of s	tav in Baltimore	lif	Yrs. Mos. Days	701 Cath	DRESS (Ifr hedral S		ion)	
5.	SEX Female	6.COLOR OR RACE white	7. SINGLE	MARRIED. ED DIVORCED (Specify)	8. DATE OF BIF April 15	RTH	9. AGE (in ye	ears     Under	l Year H Under 24 Hou Days Hours Min
IC	DA. USUAL OC k done during most o	CUPATION (Give kind of f working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLAC		reign country)	12.	CITIZEN OF WHAT COUNTR
13	Henry				14. MOTHER'S Amelia		ME		
15 (Ye	5. WAS DECEASI	D EVER IN U. S. ARMED (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	Mrs. Prise	cilla R.	Schaff	701 Ca	ess thedral St
ERTIFICATION	DISEASE: RISE TO TUNDERLY  OTHER SIG	not mean the mode ore, asthenia, etc. It mea eomplication which e ANTECEDENT CAUS OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA II NIFICANT CONDITIONS DEATH BUT NOT I	ns the diseas aused death EES FANY, GIVIN STATING TH ST.	(B)(C) (C)	e Grail Arter	cost.	leras	и·.	
AL CI		F OPERATION   1		TION FOR WHICH OF	PERATION	CAUSE O	ION WAS REL F DEATH, EN R PART II	TER IN	20. AUTOPSY?
EDIC	OR CONTRIE	ENT WAS UNDERLY! BUTING CAUSE OF	about	. PLACE OF INJURY ( home, farm, factory, street, office	e. g., in or 21C. Wholdg., etc.)	HERE DID (	If in Baltimor	e City, give	exact location)
Σ	21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour)   a	WHILE AT NOT WHILE AT WORK AT WORK	E	LNI DID WO	URY OCCUR	7	
	22. I hereb	y certify that I att	ended the	deceased fromand that death occur	rred at 5:3	36 to 1 m., from th	ie causes an	, 19 <b>53</b> , th d on the d	at I last saw tate stated abou
	23A. SIGNA	TURE Q. Wa	nay	Fisher. 6.	3B. ADDRESS	Eager	st.B	el 6. 1/4	9/3/5
TI C:	4A. BURIAL. ION, REMOVAL (S remation	Specify) Sept. 4		Green Mount			timore,	Md	•
	SEP A TEGIST		SEIGNATE	Velliams, Mr	Johan Ou	Mitchel	V Lonola		DDRESS Eutaw Plac



### CERTIFICATE AMENDED

BALTIMORE CITY HEALTH DEPARTMENT

	1
	UC
Registered	No
ALC PROCEET CO	2100

)	moor
-	7925

CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Harry Reynolds (Type or Print) OF 9-1-1953 supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City. Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBaltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits write RURAL and give carefully INSTITUTION 4940 Eastern Avenue Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. life Mos. 321 N. Schroeder St. "17 c. Length of stay in Baltimore should be 6. COLOR OR RACE | 7. SINGLE, MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. Negro WIDOWED, DIVORCED (Specify) Male 3-25.1875Widow clearly 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR work don during most is working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? information s s of death cle Maryland Thurst ormer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Reynolds (dec.) Rebecca Amby (dec.) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year no or unknown)] (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. em of in B.C.H. 4940 Eastern Ave. (records) INTERVAL BETWEEN CAUSE OF DEATH 260 X item ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Coma Conversion (This does not mean the mode of dying, c. g., heart fallure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES Cerebral accident INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO Diabetes UNFADING Physicians: (C) .. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19B. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO 20. AUTOPSY WAS PERFORMED CAUSE OF DEATH, ENTER IN HT1W PART I OR PART II important. 21c. WHERE DID (If in Baltimore City, glvc exact location) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT especially AT WORK 22. I hereby certify that I attended the deceased from 8 - 28 - , 153, to 9 - 1 - , 1953 that I last saw the WRITE 9- 1-, 19-53, and that death occurred a 8:30P.m., from the causes and on the date stated above. deceased alive on. 238. ADDRESS 4940 Eastern Avenue 23c. DATE SIGNED 23A. SIGNATURE 12 9-1-1953 240 LOCATION (City, town or county) 248, DAT 24A. BURIAL, CREMA-SE TION, REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR LOCAL REGISTRAR

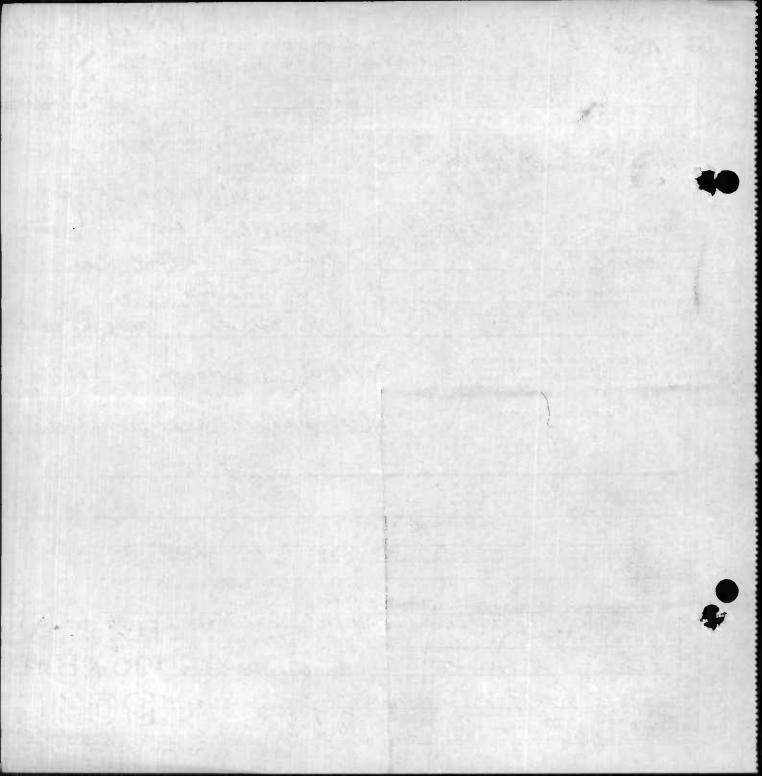
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BINDING

See query reply in Document File

BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

Registered No. 2. DATE OHN William OF DEATH 4. USUAL RESIDENCE (Where deceased lived, I institution; residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or INSTITUTION BAR-Wil-BA Convolescent Home (If outside corporate lie its write RURAL and give MUS. 2. Length of stay in Baltimore Mulherry Davs 9. AGE (In years | | Under | Year | If Under 24 Hours | Itast birthday) | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Colored MARRIEL 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? HUNTINGTOWN, CAWENTO 14. MOTHER'S MAIDEN NAME unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or uoknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. s. Carrel 14/10. Fan itte St CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cerebral Hemorrhage LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES eypertensive-Cardio VASENlar Disase DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY VES 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK WORK L 1953 that I last saw the 22. I hereby certify that I attended the deceased from July 14 19.53, to. 1953, and that death occurred at 3:30 Rm., from the causes and on the date stated above, deccased alive on Hub. > 9 23B\_ADDRESS 23c. DATE SIGNED 24B. 24c. NAME 25. FUNERAL DIRECTOR SIGNATURE

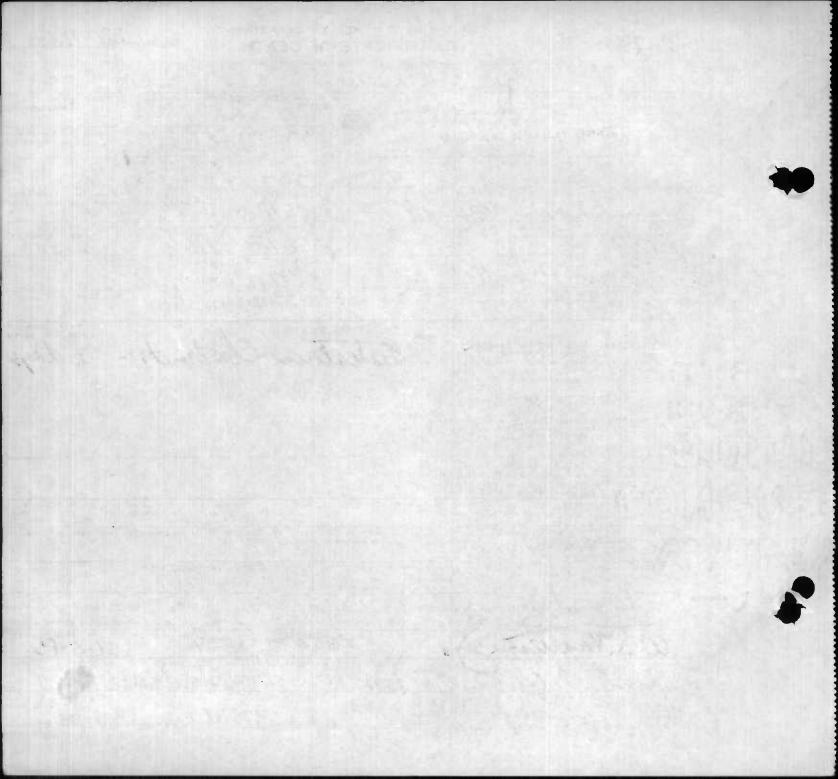


	5	BALTIMORE CITY HEALTH DEPARTMENT 53 Registered 53 7927
	_	RTH NO.
	(T	NAME OF DECEASED  Smith, Ada  2. DATE OF DEATH  9 / 3 /53
		PLACE OF DEATH:  Baltimore City, Maryland  *51ADIVISION STATE  A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location)  C. CITY OR YOWN (If outside corporate lights, write HURA and give
	IN	Provident Hospital Baltimore 20 township)
		(Trs.) D. STREET ADDRESS (If rural, give location)
1		Length of stay in Baltimore Days   21   W. Suping ton
	٥.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 1/18/26 9. AGE (Invars Honder 1 Year Min. Months: Days Hours Min. 76 10 15
	10 work	A. USUAL OCCUPATION (Sive kind of lob. KIND OF BUSINESS OR INDUSTRY)  A. USUAL OCCUPATION (Sive kind of lob. KIND OF BUSINESS OR INDUSTRY)  12. CITIZEN OF WHAT COUNTRY?
		FATHER'S NAME SOCIAL SECUVITY LOWISVILLE KY.
		Spencer Alexander Fannie Williams
	15 (Yes	WAS DECEMBED EVER IN U. S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.  17. UNFORMANT ADDRESS 9//1%.
		18. 6514 CAUSE OF DEATH
		DISEASE OR CONDITION DIRECTLY 18-II
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
		ANTECEDENT CAUSES 18 TT Severe
	Z	DISEASES OR CONDITIONS, IF ANY GIVING
	RTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.
	FIC	ABORTION WITH INFECTION
	ERTI	OTHER SIGNIFICANT CONDITIONS CON-
	U	TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION   20. AUTOPSY?
	CAL	· 9/1/53 Retained Secundi VES NO B
	EDI	21a. ACCIDENT. SUICIDE.  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  21c. WHERE DID (If in Baltimore City, give exact location)  INJURY OCCUR?
	Σ	21b. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?
		m. WHILE AT NOT WHILE AT WORK AT WORK
		22. I hereby certify that I attended the deceased from 4/3/ 1953, to 9/3, 1953, that I last saw the
3		deceased alive on 913, 1953 and that death occurred at 613 Am., from the causes and on the date stated above.  23A. SIGNATURE  1 23C. DATE SIGNED
3		Marcus W. Moore or M.O. Provident Hospital 9/3/53
2	9	4A. BURIAL, CREMA- 249, DATE 24C. NOME OF CEMETERY OF CREMATORY 240, LOCATION (City, swn, or county) (State)
2770		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS 322 /
,		SFP 4 10613 Thurstongton Williams With Kittle K. Williams Schrocker St
		VS 150

Amended by "Joint Committee on Maternal Mortality" decision Dr. Davis.

MAKGIN RESERVED FOR DINDING		
WITH UNFADING INK. Every item of information should be carefully supplied. The	should be carefully supplied.	The

The	5	P-453 BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered No.	7928
	(T	NAME OF DECEASED  (ype or Print)  PLACE OF DEATH:	4. USUAL RESIDENCE (Wh		
carefully supplied.	В.	Baltimore City, Maryland  FULL NAME OF (If not in hospital or institution, give street address or ocspital OR OHNS HOPKINS HOSPITAL  location)		B. COUNTY butside corporate limits, write	BORAL and give ownship)
refull ibly.	2	Yrs.	D. STREET ADDRESS TEE	rai, give location	
d be carefu and legibly.		Length of stay in Baltimore Mos. Days  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED.	934 W	9. AGEVIN years   If Under 1 Year	or   If Under 24 Hours
the same of	7	DA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BURTHY LASE (State or for	last birthday) Months Da	Hours Min.
ion shou clearly	worl	k dung uring to f working life, even if retired) INDUSTRY	Ballo. Y	Mar 9	S.C.
NDING information s of death cle		Stevens Plainter	14. MOTHER'S MAIDEN NAT	sures	
BINDING of inform uses of dea		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NOHMS MORKINS HOS	PITAL	5
FOR y item		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	stuce Olos	ONS	erval Between set and Death
RVED Ever write		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	t t		
G INK. Ever	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			0000000
MARGIN UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
hd .	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION CAUSE OF PART 1 OR	DEATH. ENTER IN YES	
100	MEDIC	21a. ACCIDENT WAS UNDERLYING 21b. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or 21c. WHERE DID (In bldg., etc.) INJURY OCCUR?	f in Baitimore City, give ex	act location)
LAINLY ially im	2	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHI AT WORK AT WORK	LE	RY OCCUR?	
Pec		deceased alive on 1 22. I hereby certify that I attended the deceased from	9 2, 1953, to 9  rred at 11.15 Pm., from th		I last saw the stated above.
IS.		W. A. Mulison M.D.	OHNS HOPKINS HOSPI	TAL 23c.	DATE SIGNED
<b>四</b> 80	9	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LO	Machine Country town, or country	Hol
PLEAS	PL	ATE RECEIVED BY COLOR REGISTRAR'S SIGNATURE MY	25. FUNERAL DIRECTOR	ADDR	ESS 322N.
		VS 150	7 2 0		



## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7929

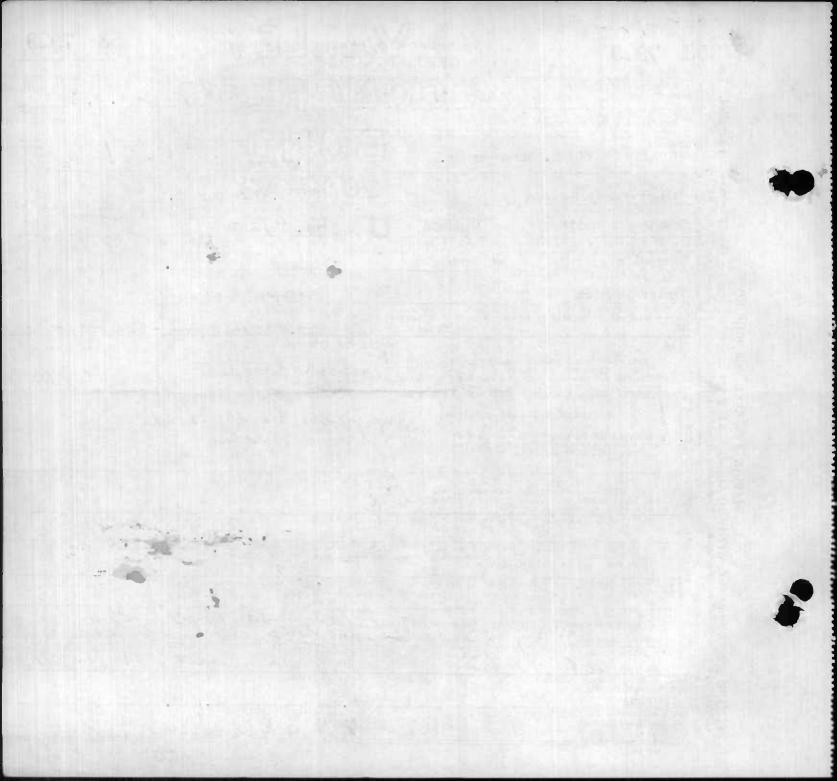
batto 17, Md.

BIRT	TH NO.			CERTIFICATI	E OF DEA	TH Registere	a No
1. N	IAME OF DE	CEASED	ROSA EI	IIZABETH FILII			pt. 1, 1953
	B. PLACE OF DEATH:  A. Baltimore City, Maryland  D. FULL NAME OF (If not in hospital or institution, give street address or location)  NSTITUTION 803 S. Streeper St.				4. USUAL RESI	DENCE (Where deceased lived B. COUNTY	
B. FL HOS					Md.		
Yrs. Mos. c. Length of stay in Baltimore Days			b. STREET ADDRESS (If rural, give location)  803 S. Streeper St.				
fer	male	white	WIDOW	E, MARRIED. VED, DIVORCED (Specify) LOWE C	Sept. 15,	last birthday)	Months Days Hours Min
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWISE  IOB. KIND OF BUSINESS OR INDUSTRY			Maryland	(State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
13. F	13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME		
Gus	Gustav Schmidt			Catherine Reinhart			
15. 1 (Yes. r	WAS DECEASED	EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		(11,007, 800, 000, 000, 000, 000, 000, 000,		none	Mrs. Mi	chael Reeves - 51	100 Ardmore Way
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) We produce the control of the					ardis Vasaula	/
CERTIFIC	TO THE DISEASE OF	II  IIFICANT CONDITIONS  DEATH BUT NOT I  CONDITION CAUSING	RELATED TO	THE USE			
7	19A. DATE OF	OPERATION 1	9B. CONDI AS PERFO	TION FOR WHICH OF	PERATION	IF OPERATION WAS RELATE CAUSE OF DEATH, ENTER PART I OR PART II	
5 0	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER) 21B. PLACE OF INJURY (e.g., in or CONTRIBUTION CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)						
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 01D INJURY OCCUR?  WHILE AT WORK NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from the angle of the deceased alive on the date stated above deceased alive on the date stated above						
	251. SPGNAT	an C. W	North	M. D.	111 W. m	munut &	23c. DATE SIGNE 9-2-13
24A TION	Burial, c N. REMOVAL (S) Burial	REMA- pecify) 24B. DATE 9/5/5		24c. NAME OF CEMETE Western Cem		Balto. Md.	0
Loc	TE RECEIVED	BY REGISTRAR	S SIGNATI		25 FUNERAL D	I Tickener	ADDRESS

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3



12. CITIZEN OF

WHAT COUNTRY?

20. AUTOPSY

that I last saw the

DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission)

(If rural, give location)

AGE (In years If Under 1 Year last birthday) Months Days Hours Min.

INTERVAL BETWEE ONSET AND 0

(If in Baltimore City, give exact location)

from the causes and on the date stated above. 23c. DATE SIGNED

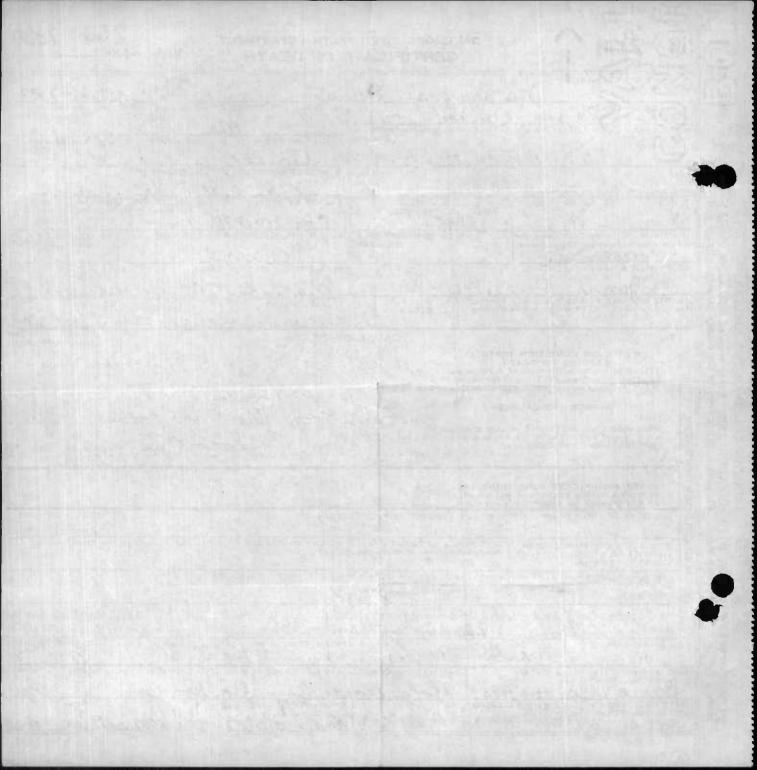
LOCATION (City, town, or county)

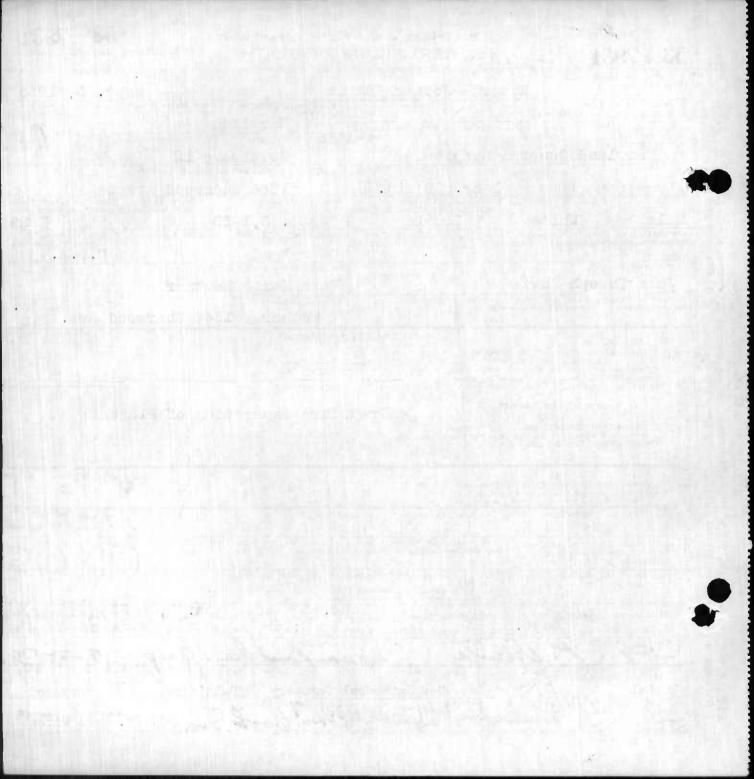
DATE RECEIVED BY

25. FUNERAL DIRECTOR RECISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR

VS 150

PLEASE correct



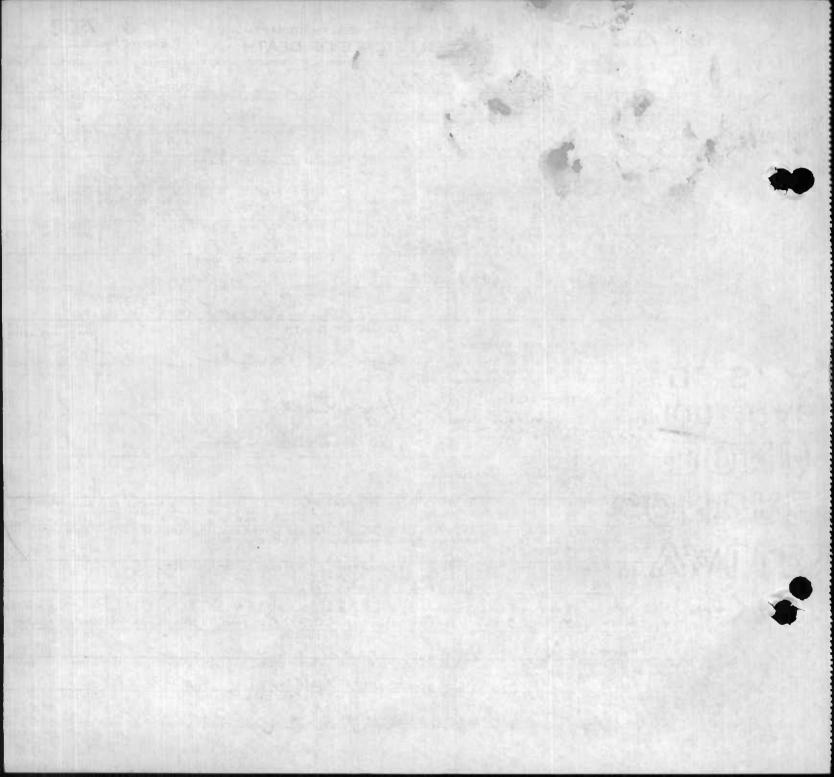


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### BALTIMORE CITY HEALTH DEPARTMENT

53	7932	
ristered	No	

BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1 NAME OF DECEASED -	Gorsuch	Sr	2. DATE 9/3/ DEATH	53 6P.M.
a. Baltimore City, Maryland	Lice Tay 2	4. USUAL RESIDENCE (	Where deceased lived. If i	nstitution: residence before admission)
B. FULL NAME OF (If not in hospital or instit HOSPITAL OR INSTITUTION 13220 Cliffmon)	ution, give street address or location)  + Ave		f outside corporate finits	write kURAL and give township)
c. Length of stay in Baltimore	Yrs. Mos. Days	3220 Ch	f rurai, give iocation)	lve
Male White W	LE MARRIED, OWED, DIVORCED (Spain)	8. DATE OF BIRTH / 8/18/14		Under I Year H Under 24 Hours hths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIN work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Ball 1)	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TORN T. Gor.	such	14. MOTHER'S MAIDEN N	Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dutes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	hun ceift	nont are
18. 331 X		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the dise injury or complication which caused dea	c. g., (A)	bral Vaskul	or acciden	u 8 days
ANTECEDENT CAUSES	(B) Hyp	entension		7
DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO (C) Carle	moselevan	2-	?
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE			
	DITION FOR WHICH OF	PERATION IF OPER CAUSE	ATION WAS RELATED TO OF DEATH, ENTER IN OR PART II	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)		e. g., in or bldg., etc.) 21C. WHERE DID INJURY OCCUR?	(If in Baitimore City,	give exact iocation)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.	WHILE AT NOT WHILE WORK AT WORK	LE	JURY OCCUR?	
22. I hereby certify that I attended the degenerated alive on 9-3-53, 19	ne deceased from T-	28 , 1953, to 5	7-3 , 19-5	that I last saw the
23). SIGNATURE N. Has	kel M.D.	23B. ADDRESS	St.	23c. DATE SIGNED 9-4-53
24A. (BURIAL, CREMA- TION, REMOVAL (Specify) 9/6/53	Juma 1111	RY OR GREMATORY 240.	Balta 2	or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR		25. FUNERAL DIRECTOR	1217 0 7	ADDRESS
Vs 150 1323		9 9 NC	1	424



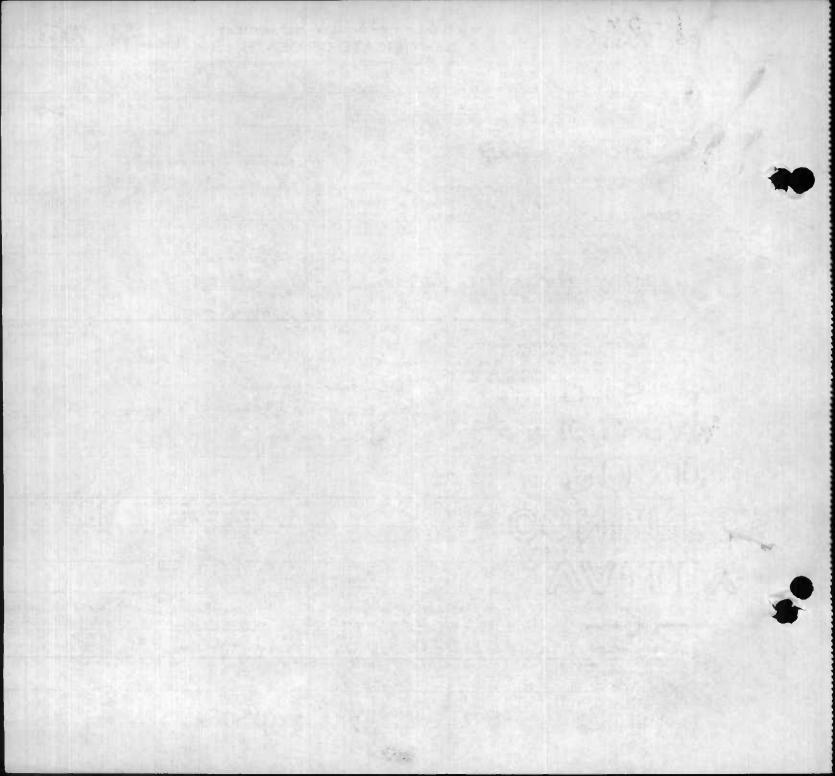
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### BALTIMORE CITY HEALTH DEPARTMENT

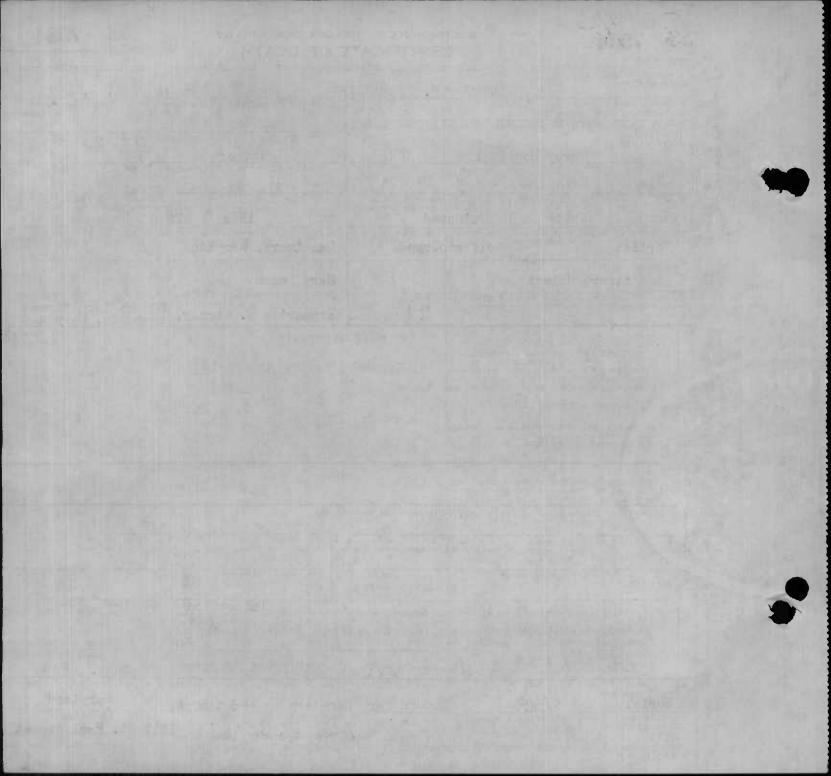
Registered No.	7933
registered 110	

03	7936	3		CERTIFICATI	E OF DEA	ТН	Registered N	0. 7000
	RTH NO.	-65.075				1.0	DATE	
(T	NAME OF D ype or Print)	Hen	nietta	V. REUS	noldo		OF 9/3	153
A.		City, Maryland		. /	A. STATE	DENCE (When	re deceased lived. If i B. COUNTY	institution: residence before admission)
HC	FULL NAME OSPITAL OR STITUTION			on, give street address or location)	c. CITY OR TOW	VN (If out	side corporate limits	write RURAL and give township)
-	SHAR	nes Muro	ing H	3mo		13467	6. 0	
11.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADD	n. Bro	al, give location)	1
1	SEX	6. COLOR OR RACE	WIDOWE	ED, DIVORCED (Specify)	8. DATE OF BIR	TH 9	AGE (In years last birthday) Mor	Under I Year H Under 24 Hours nths Days Hours Min.
		CUPATION (Give kind of	, 108. KIND	OF BUSINESS OR	11. BIRTHPLACE	(State or forei	gn country)	12. CITIZEN OF
work	-21	of working life, even if retired	-	INDUSTRY	Ba	266,7	ud.	WHAT COUNTRY?
13	. FATHER'S N	IAME .	7	0.1	14. MOTHER'S N	MAIDEN NAM	E 201.0	1
15		MIGMIN DEVER IN U.S. ARME	NE4	16. SOCIAL	Chris!	ranna	neils	184
(Yo	a, no or unknown)	(If yes, give war or dat	os of service)	SECURITY NO.	17. INFORMANT	vin Co	oK	DDRESS
	18. 420	.1	6	CAUSE	OF DEATH			INTERVAL BETWEEN
	DISEAS	E OR CONDITION		0	0		1 .	
	(This does	LEADING TO DEA not mean the mode re, asthenia, etc. It me	of dying, e.g.	(A)	nasy o	acon	pass	
		complication which			mosele	estic	COHI	2
7		ANTECEDENT CAU	SES	(B) Ser	. Quy	wine	lesis	
TION	RISE TO T	S OR CONDITIONS.	STATING THE	3	0 .			
CAT	UNDERLY	YING CONDITION L	AST.	(c) Se	were			
U.		11				S CHEN	r-untita	
ERT	TO THE	NIFICANT CONDITIONS DEATH BUT NOT OR CONDITION CAUSIN	RELATED TO					
U		F OPERATION		ION FOR WHICH O	PERATION	IF OPERATIO	N WAS RELATED TO DEATH, ENTER IN PART II	O 20. AUTOPSY?
DICAL	OR CONTRIB	ENT WAS UNDERLY BUTING CAUSE O	F about be	PLACE OF INJURY (ome, farm, factory, street, office	(e. g., in or 21C. WH bldg.,etc.) INJURY	ERE DID (If	in Baltimore City,	give exact location)
MED	DEATH (NOT	TIFY MEDICAL EXAMIN	ER)			to the second	N OCCUPA	
	OF INJURY	(Month) (Day) (Year	) (Hour) 2 m.	TE. INJURY OCCURR WHILE AT WORK NOT WHI	LE	W DID INJUE	RY OCCURY	
	22. I hereb	y certify that I at	tended the	deceased from	ug	Vi, to Se		Sthat I last saw the
	deceased a	live on sent	3, 1983.	and that death occu	rred kt. 2 P	m., from the	causes and on th	he date stated above.
	20. SIGNA	law ax	rufe	www.		ters to	em. RD	9/4/53
2 TH	4A. BURIAL.	GREMA- 248. DATE	2	4c. NAME OF CEMETE	RY OR CREMATOR	RY 24D. LOC	ATION (City, town,	or county) (State)
	Burio	1 7/3	153	Ball		NECTOR	Bullo.	ADDRESS
	ATE RECEIVE		's signatu	Williams N	25. FUNERAL D	200 16	17.8+ 1	Sul 1
	SEP 4	THE PROPERTY	Section of	E STATE OF THE STA	10000	1110.12	101.10	24 7 .



53	1934
BIRTH	NO.

1.	NAME OF Dype or Print)		ILDRED H. SAVILI	Œ	2. DATE OF DEATH Sept.	2. 1953
	PLACE OF D		The second of the second	4. USUAL RESIDENCE (W		
В.	FULL NAME		al or institution, give street address of location		outside corporate limits,	write RCLAL and give
IN	STITUTION	Mercy Hosp	ital	Baltimore	11-	township)
		11020, 11002	Yrs. Mos.	D. STREET ADDRESS (If		
-		stay in Baltimore	Days	814 Cathe	dral Street	Index 1 Voice   M. Blades 24 Pours
	SEX Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed		last birthday) Mon	ths Days Hours Min.
		CCUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR Self employed INDUSTRY	11. BIRTHPLACE (State or for Baltimore, Mary)		12. CITIZEN OF WHAT COUNTRY
13	.FATHER'S			14. MOTHER'S MAIDEN NA	AME	
	Al	vero Holmes		Mary Leach		
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Marguerite W. War	mer, 1600 Mad	ison Street s, Maryland
	injury of	complication which c				
TIFICATION	DISEASE RISE TO UNDERL	E 1120 1 2 2 2 2 2	FANY, GIVING (B)			
CERTIFICATION	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE I	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)	RATION		20. AUTOPSY?
L CERTIFIC	DISEASE RISE TO UNDERL OTHER TRIBUTIN TO THE I	ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	TIONS CON- NOT RELATED CAUSING IT.  (B)			YES NO X
ERTIFIC	OTHER TRIBUTIN TO THE I	ANTECEDENT CAUS S OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA  II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)	in or 21c. WHERE DID (I	f in Baltimore City, gi	YES NO X
CAL CERTIFIC	OTHER TRIBUTIN TO THE I	ANTECEDENT CAUSES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION 19  NAL CAUSE WAS AG OR CONTRIBCAUSE OF DEATH.  (Month) (Day) (Year)	FANY, GIVING STATING THE DUE TO ST. (C)	in or 21c. WHERE DID (I INJURY OCCUR?	OCCUR7	ve exact location)
CAL CERTIFIC	OTHER TRIBUTIN TO THE IT 19A. DATE OF INJURY  21A. EXTER UNDERLYIN UTING  21D. TIME OF INJURY  22. I cert the ex	ANTECEDENT CAUSES OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDIG TO THE DEATH, BUT DISEASE OR CONDITION OF OPERATION IS CAUSE OF DEATH.  (Month) (Day) (Year) if y that I took chartidence obtained by	FANY, GIVING STATING THE DUE TO ST. (C)	in or 21c. WHERE DID (I INJURY OCCUR?  21f. HOW DID INJURY  above, held an inspect  Autopsy, I	ion & inquiry	ve exact location)  I thereon and from a day stated above
CAL	OTHER TRIBUTIN TO THE IT 19A. DATE OF INJURY  21A. EXTER UNDERLYIN UTING  21D. TIME OF INJURY  22. I cert the ex	ANTECEDENT CAUSES OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION 119  NAL CAUSE WAS IG OR CONTRIBCAUSE OF DEATH.  (Month) (Day) (Year)  If that I took char indence obtained by eath in my opinion	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g., about home, furm, factory, street, office bldg.  (Hour)  21e. INJURY OCCURF WHILE AT NOT WHILE M. WORK  ge of the remains described said Autopsy, Inspection or resulted from: natural cause	in or 21c. WHERE DID (I INJURY OCCUR?  21f. HOW DID INJURY  above, held an inspect  Autopsy, I	ion & inquiry Inspection or Inquiry recased died on the	ve exact location)  I thereon and from a day stated above adetermined [].
MEDICAL	OTHER TRIBUTING TO THE I  19A. DATE  21A. EXTER UNDERLYIN UTING TO INJURY  22. I cert the er and d  23A. SIGNA	ANTECEDENT CAUSES OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION 119  NAL CAUSE WAS IG OR CONTRIBCAUSE OF DEATH.  (Month) (Day) (Year)  Ify that I took char indence obtained by eath in my opinion of the contribution of the	TIONS CON- NOT RELATED CAUSING IT.  21B. PLACE OF INJURY (e. g., about home, furm, factory, street, office bldg.  (Hour)  21e. INJURY OCCURF WHILE AT NOT WHILE M. WORK  ge of the remains described said Autopsy, Inspection or resulted from: natural cause	in or   21c. WHERE DID (I   INJURY OCCUR?	ion & inquiry recased died on the homicide   unexaminer   230 examiner   Sepontation (City, town, control of the control of th	ve exact location)  I thereon and from a day stated above determined DATE SIGNED ot. 3, 1953 or county) (State)
MEDICAL	OTHER TRIBUTING TO THE I UNDERLYIN UTING TO INJURY  21A. EXTER UNDERLYIN UTING TO INJURY  22. I cert the er and d	ANTECEDENT CAUSES OR CONDITIONS, II THE ABOVE CAUSE (A) YING CONDITION LA SIGNIFICANT CONDITION OF OPERATION 15 OF OPERATION 15 OF OPERATION (Month) (Day) (Year)  Total Cause was as a condition of OPERATION (Month) (Day) (Year)  Total Cause was as a condition of OPERATION (Month) (Day) (Year)  Total Cause was a condition of OPERATION (Month) (Day) (Year)  Total Cause was a condition of OPERATION (Month) (Day) (Year)  Total Cause was a condition of OPERATION (Month) (Day) (Year)	FANY, GIVING STATING THE DUE TO ST. (C)	in or 21c. WHERE DID (I INJURY OCCUR?  21f. HOW DID INJURY  above, held an inspect  Autopsy. Inquiry, find that said de is in accident , suicide  23B. CHIEF MEDICAL E ASSISTANT MEDICAL INVESTIGAT  A.D. MEDICAL INVESTIGAT  RY OR CREMATORY 24D. LO	ion & inquiry recased died on the homicide   unexaminer   23ce or   Sepondarion (City, town, city)	ve exact location)  I thereon and from a day stated above adetermined  DATE SIGNED  1. 1953



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The

# BALTIMORE CITY HEALTH DEPARTMENT

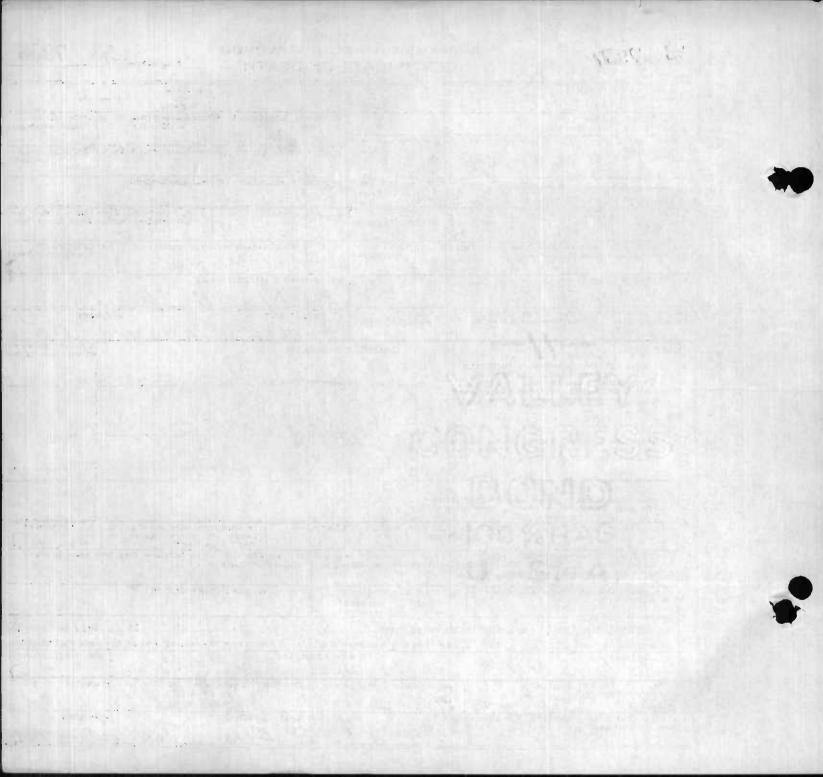
1	5次 78	35		CERTIFICAT	E OF DEA	TH	Registere	d N3.5	7935
	IRTH NO.								
	NAME OF Daype or Print)		arles K	lingenstein			2. DATE OF DEATH SOI	t. 2.	1953
A.		City, Maryland			A. STATE MA	IDENCE (W)	here deceased lived B. COUNTY	If instituti	on: residence perore admission)
II H	FULL NAME OSPITAL OR	OF (If not in hospit	al or institution	on, give street address or	c. CITY OR TOV		outside corporate li	mita divita	VAI and give
11	STITUTION	Paltimo	re city	Hospitals				-0	township)
-		4940 Es	stern A	Ye.		altimore	ural, give location)		
		stay in Baltimore	Lif	Mos.	95	50 N. Ch	ester St.		
5	SEX	6. COLOR OR RACE	7. SINGLE	MARRIED,	8. DATE OF BIR	RTH	9. AGE (In years	If Under 1 Ye	of Hunder 24 Hours
	Male	White	Wid	ED, DIVORCED (Specify)	1866		87		Hours Min.
I	A. USUAL OC	CUPATION (Give kind of	10B. KIND		II. BIRTHPLAC	E (State or for	reign country)		TIZEN OF
		of working life, even if retired)	- 11 (2)	Our INDUSTRY	Ma	aryland		WI	HAT COUNTRY?
1:	FATHER'S	NAME			14. MOTHER'S		ME		
		Parl XI	भेपदम	stein	Elizab	Eth 7	KECK		6175
1! (Y	S. WAS DECEAS	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRES	S
1	, as or consornar	( good Brite than or date		SECURITI NO.	B. C. H.	4940 Eas	stern Ave.	(reco	rds)
ERTIFICATION	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CAUSE OF DEATH  (A) Cavinora of Prostate Gland  DUE TO 2-Bilateral Chronic Pyelonephritis  3-Chronic Calculus Cholecystitis  (B) 4-Arterosclerosic Of Aorta with Ancury Chronic To Calculus Cholecystitis  (C) 5-Old Cerebral Thrombosis with Occipital								
F		11		Pope	Scarring				
ERT	TO THE	DEATH BUT NOT	RELATED TO	TING THE					
AL C	19A. DATE C		98. CONDIT	TION FOR WHICH OF	PERATION	CAUSE OF	TION WAS RELATED F DEATH, ENTER	451	AUTOPSY?
1EDIC,	VAS PERFORMED  CAUSE OF DEATH. ENTER IN YES NO PART II VES NO 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. g., in or OR CONTRIBUTING   CAUSE OF CAUSE OF DEATH. (NOTIFY MEDICAL EXAMINER)  NO 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. g., in or DEATH (NOTIFY MEDICAL EXAMINER)  NO 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e. g., in or DEATH (NOTIFY MEDICAL EXAMINER)						act location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK								
	22. I hereby certify that I attended the deceased from 7-21, 153, to 9-2, 1953, that I last saw the deceased alive on 9-2, 1953, and that death occurred at 12:30PM, from the causes and on the date stated above.								
	deceased a		_, 19 <b>)</b> , (		rred at LZ 1 501	on, from th	ic causes and or		DATE SIGNED
	23A. SIGNA	4784	she	Cly M. a.	4940 1	Eastern		9-2	1953
2 Ti	4A. BURIAL. ON REMOVAL (1) Buria	Specify; 248. DATE	53	Ball	6.	13	Balto.	med	
	ATE RECEIVE		S SIGNATU	RE MILE	25. FUNERAL D	Suc.	1217 8.	Palu	ess et



PROTUGAL Best CONTRACTOR OF THE PARTY. State of the second second second second The state of the s or much fine ages to strongle see det-Dalla de la constitue AS IN CO. - THE RESERVE OF SAME THE

MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information
RESERV	JINK. E
MARGIN	I UNFADING INK. Every it
	WITH
	RITE PLAINLY,
	WRITE
	PLEASE

11	1	4-452					
	1.	7936 BALTIMORE CITY HE					
	BIRTH NO. 53-0971/ CERTIFICATE OF DEATH Registered No.						
		NAME OF DECEASED HES WALTER	2. DATE OF Q-4-53				
		PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before denission)				
	B. I	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give				
.	IN	SINAI HOSPITAL	Balti whe township)				
and legiony	C.	Length of stay in Baltimore Y would S Mos. Days	6. STREET ADDRESS (If rural, give location) 6. 2. V. Culs fer St.				
11	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years   H Under 1 Hours   Months Days   Hours Min.				
Clearly		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?				
deani	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	15	WAS DECEASED EVER IN U. S. ARMED FORCEST   16, SOCIAL	Evelyn M fiehl				
- 11	(Yes	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ALABIED HOLMES BATIL				
causes	-	18. 492X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH				
2		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	afteral placemonitis				
re ru		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,					
WFILE		injury or complication which caused death.) OUE TO  ANTECEDENT CAUSES	1-1-1-1-5				
ase	Z	DISEASES OR CONDITIONS, IF ANY, GIVING	it famile				
pre	ATIO	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
HIS	힐	(C)					
rnysicians: piease	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
	AL C	OISEASE OR CONDITION CAUSING IT.  19a. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO 20. AUTOPSY?  CAUSE OF OEATH, ENTER IN PART I OR PART II				
real	EDIC,	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY ( OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location)				
	Σ	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY					
especially		m.   WORK AT WORK	K U I				
pec		22. I hereby certify that I attended the deceased from 4	rred at 12.10 am., from the causes and on the date stated above.				
is es			236. DATE SIGNED				
ಇತ್ಯಕ	2	4A. BURIAL, CREMA-J 24B. DATE 124C. NAME OF CEMETE	RY OR CREMATORY 240. LOCATION (City, town, or county) (State)				
	TIC	Denial Sept 6-53 Mt. 21	on GBATTO// Co Mod				
correct			J. F. Eline Reisters Town Md				
	_	Man 1033 P	011, 01111 11010101010101010				



BALTIMORE CITY HEALTH DEPARTMENT

24C NAME OF CEMETERY OR CREMATORY

MARGIN

age

BURIAL, CREMA-

15

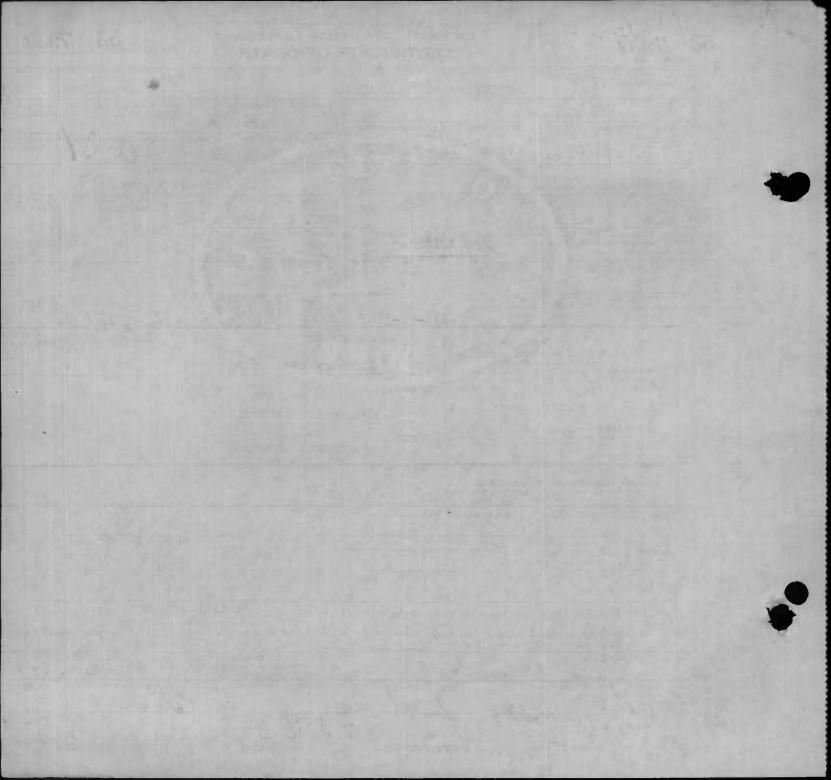
TION REMOVAL (Specify DATE RECEIVED

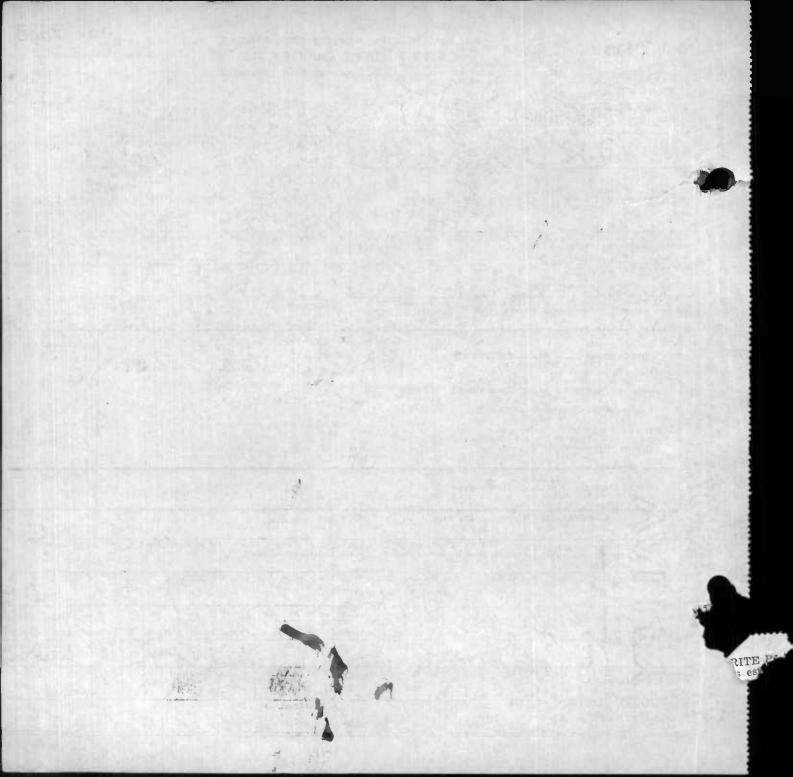
LOCAL REGISTRAR

248. DADE

PLEASE

September 2, 1953 B. COUNTY before admission) (If outside corporate limits, warn RORAL and give township) 9. AGE (In years | H Under 1 Year | H Under 24 Hours last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 20. AUTOPSY YES X (If in Baltimore City, give exact location) thereon and from 238, CHIEF MEDICAL EXAMINER ... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Sept. 2. MEDICAL INVESTIGATOR 240. LOCATION (City, town, or county) ADDRESS





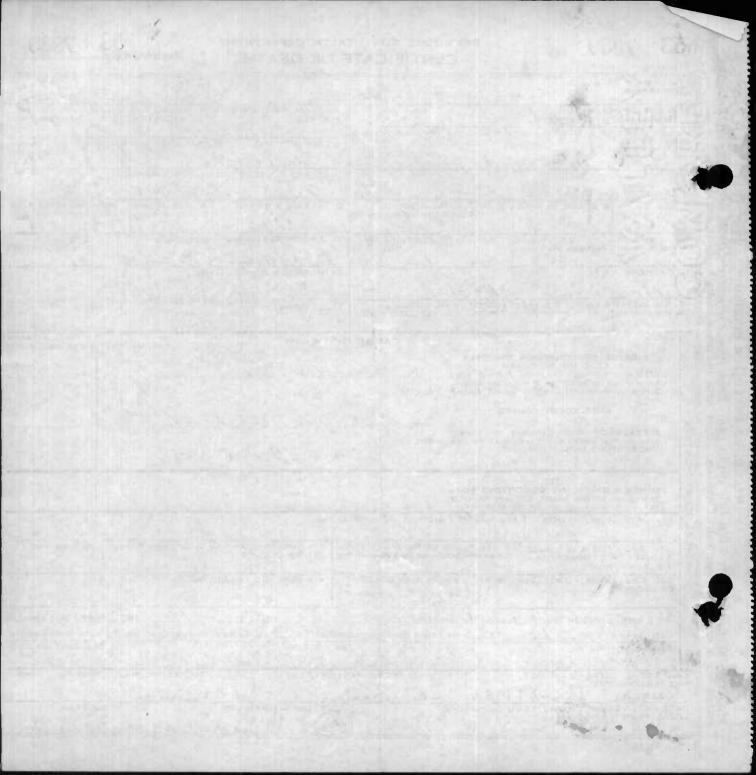
	The	
	ully supplied.	ν.
MARGIN RESERVED FOR BINDING	SE WRITE PLAY Y, WITH UNFADING INK. Every item of information should be outly supplied.	t age is especially important. Physicians: please write the causes of death clearly and le
(	A Y,	Il ampo
	SE WRITE PL	t age is espa

F3-	6	4	6

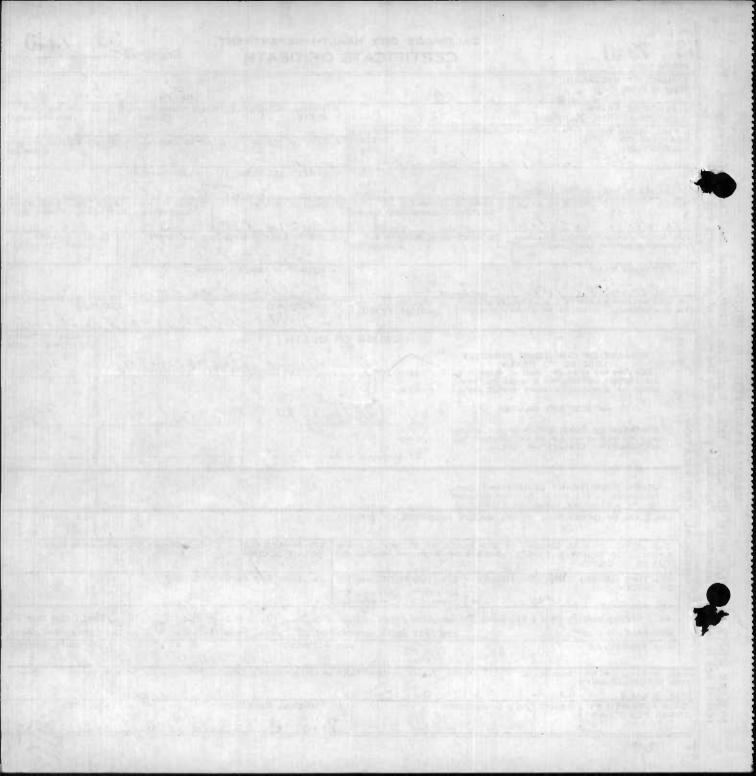
# BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

53 7939

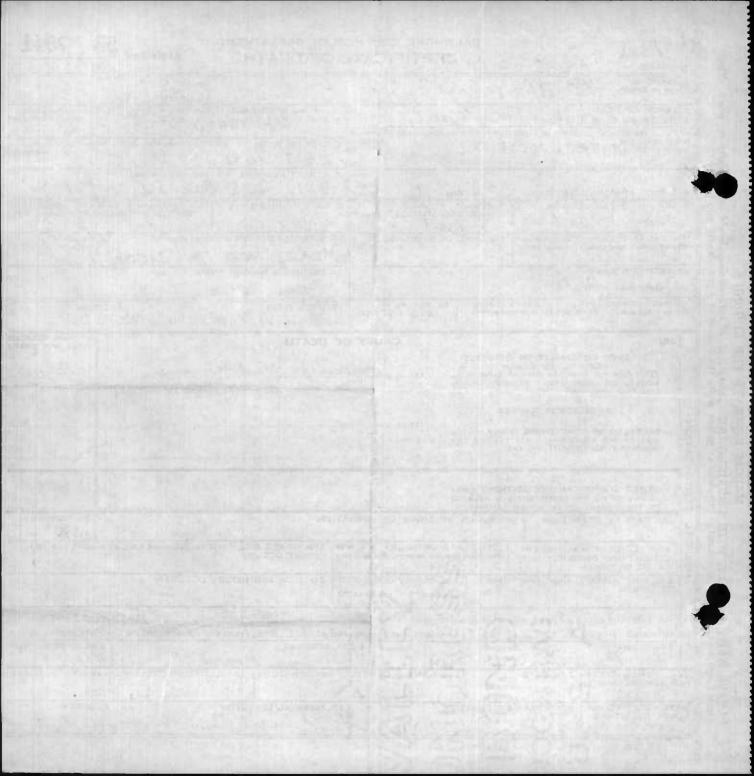
В	RTH NO.		CERTIFICATI	E OF DEATH		*
(7	NAME OF DECEASED TAN	IES	E. FARA	RELL	2. DATE OF DEATH & S	EPTEMBER
	Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If i	nstitution : residence before admission
B. H		tal or institu	cion, give street address or location)		(If outside corporaty limits	write RURAL and give
	MERCY HOSP	ITAL	. INC.	BALTIMO	RE T	township
3	1		ta Yrs.	D. STREET ADDRESS (	If rural, give location)	( 6 )
	Length of stay in Baltimore		Mos. Days	1315 A	OME WOOD	AVE (2)
5	SEX 6. COLOR OR RACE		E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under I Year   If Under 24 Hours nths Days   Hours   Min.
	MW		2	11/28/93	59	
10	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired	1 10B. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
				BALTIMOR		0.5.
13	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
		ARRE		KOSANI	VA DUFF	· Y
(Y	was deceased ever in U.S. Arme s, no or unknown) (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AC	DDRESS
	18. 5011	-201 H7	CAUSE	OF DEATH	NOTA THE	INTERVAL BETWEEN
	DISEASE OR CONDITION					ONSET AND DEATH
	(This does not mean the mode	of dying, e. :	s. (A) MAL.	NUTRITION		2 400 THS
	heart failure, asthenia, etc. It me injury or complication which	ans the diseas	se,			
	ANTECEDENT CAU					
Z	ANTECEDENT CAU	353	(B) CIRL	HOSIS OF	LIVER	- Comm
Ō	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)		1G			******
A	UNDERLYING CONDITION L	AST.	(c) CHR	ONIC ALCOH	60415M	
FICATION			(0)			*****
RTI	OTHER SIGNIFICANT COND	ITIONS CO	d _			
Ш	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D			
O.			FINDINGS OF OPER	RATION		20. AUTOPSY?
AL	O.		1			YES NO
EDICA	21A. ACCIDENT WAS UNDER- LYING☐ OR CONTRIBUTING☐ CAUSE OF DEATH		ACE OF INJURY (e. g., infarm, factory, street, office bldg.,		(If in Baltimore City, g	ive exact location)
2	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from 9/3, 1953, to 9/4, 1953, that I lo deceased alive on 9/4, 1953, and that death occurred at 5250 m., from the causes and on the date sto					9/4 1053	that I last ones th
					e date stated above	
	23A. SIGNATURE	, 10,		3B. ADDRESS	the eduses and on the	23c. DATE SIGNED
	dann	1.7	tecken. D.	MERCY A	HOSPIJAL	4 Sept 53
2	AA. BURIAL, CREMA- 248 DATE DN, REMOVAL (Specify)		24c. NAME OF CEMETE	RY OR CREMATORY   24D.	LOCATION (City, town,	or county (State)
	Burial Sent 7	1953	Cathedra	6	Ballinere	
	ATE RECEIVED BY REGISTRAR	'S SIGNATI	JRE I B. O. O.	25 FUNERAL DIRECTOR		ADDRESS
	SEP 4 1947 Thin	tragion	· Wallaule	Rua Wie	Leleld 900% 1	Ziddle Str
	VC 1EO	10		1		



	D	F3 ~~
1	BALTIMORE CITY HEALTH DEPARTMENT	53 7940
1	CERTIFICATE OF DEATH Register	ered No
=	1. NAME OF DECEASED 2. DATE	0
	(Type or Print) Patherine. Rull.	Sext. 4-1953
	3. PLACE OF DEATH:	
-	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	iTY before admission)
	1 11 1	te limits, write RURAL and give
	Little - Sisters of the toor Bolt.	township)
	Yrs. D. STREET ADDRESS (If rural, give locat	ion)
1	d. Length of stay in Baltimore Mos. Days 325 E. Bi	dele St.
	5. SEX 6. COLOR OR RACE 7. SHIGHE MARRIED. 8. DATE OF BIRTH 9. AGE (In year) last birthday last birthday (Specify)	ears If Under 1 Year If Under 24 Hours
	Kemale white Cox. 7-1879 >3	
1	I DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) IOB. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY
	Est.	WINT COOKINI
	13. FATHER'S NAME	
	Talrick: Mr. Namara, Ellen Reddon	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
11	Lette de la maria	softhe food
-	18. 422.	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A)	Mes / Weg
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	2
		96
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST	
	UNDERLYING CONDITION LAST.	
	(c)	
	OTHER SIGNIFICANT CONDITIONS CON-	
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	1 19A, DATE OF OPERATION   19B, MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES NO
1	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore LyING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	City, give exact location)
11	CAUSE OF DEATH	
1	2 ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
Щ	m. WHILE AT NOT WHILE AT WORK	
K	22. I hereby certify that I attended the deceased from lug 30- 1993 to Sepo 4	, 1933 that I last saw the
1	deceased alive on Sept 3-, 1953, and that death occurred at 45 Am., from the causes and	
	23A. SIGNATURE I GOOD ON A 23B. ADDRESS CALLATON	23c, DATE SIGNED
.	Ce-Sul Hall me M.D. 163/ENOUL we	1/4/33
	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City LON, REMOVAL (Specify)	, town, or county) (State)
	Burial Suph 7.1953 Cathedral Balling	u
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
1	_ SEE Wiedeld 9006	Biddle Str
1	VS 150	
- 11		



RESERVED



MARGIN RESERVED FOR BINDING

	5-140 SAPINY	
\$	3 7942 BALTIMORE CITY HEALTH DEPARTMENT	Registered No. 7942
120	BIRTH NO. CERTIFICATE OF DEATH	Registered No.
	1. NAME OF DECEASED Julia Sapling	of Sept 4th 1953
1	A. Baltimore City, Maryland	Where deceased lived. If institution: residence B. COUNTY before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION  OR AND AND AND AND AND AND AND AND AND AND	f outside corporate li hits; vrile RURAL and give township)
	Yrs. D. STREET ADDRESS (I	f rural, give location)
1 -	c. Length of stay in Baltimore Mos. Days 130 & Par	terson pul are
1	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Chart 1865	9. AGE (in years li Under I Year li Under 24 Hours Months Days Hours Min.
W	work done during most of working life, even if retired)  Packing House  11. BIRTHPLACE (State or INDUSTRY)	foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME	IAME
C	(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. Tillie Samle	WY 824 N. Patterson phase
	18. 443X  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A)  CAUSE OF DEATH  TERMINAL BRONCH P.	NEUMANIA 9/1/53
	heart failure, asthonia, etc. It means the discase, injury or complication which caused death.)	
	ANTECEDENT CAUSES  ARTERIOSCLERUTIC H	YPERTENSIVE
.    <	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)  (B)  (C)  (C)	DISEASE ???
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	O LYING OR CONTRIBUTING about bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OF INJU	Y OCCUR?
	22. I hereby certify that I attended the deceased from AUGUST 8 1953 to 5	APT. 4 1053 that I last saw the

and that death occurred at 75 A.m., from the causes and on the date stated above. deceased alive on. 23A. SIGNATURE

24A. BURIAL CREMA-TION REMOVAL (Specify)

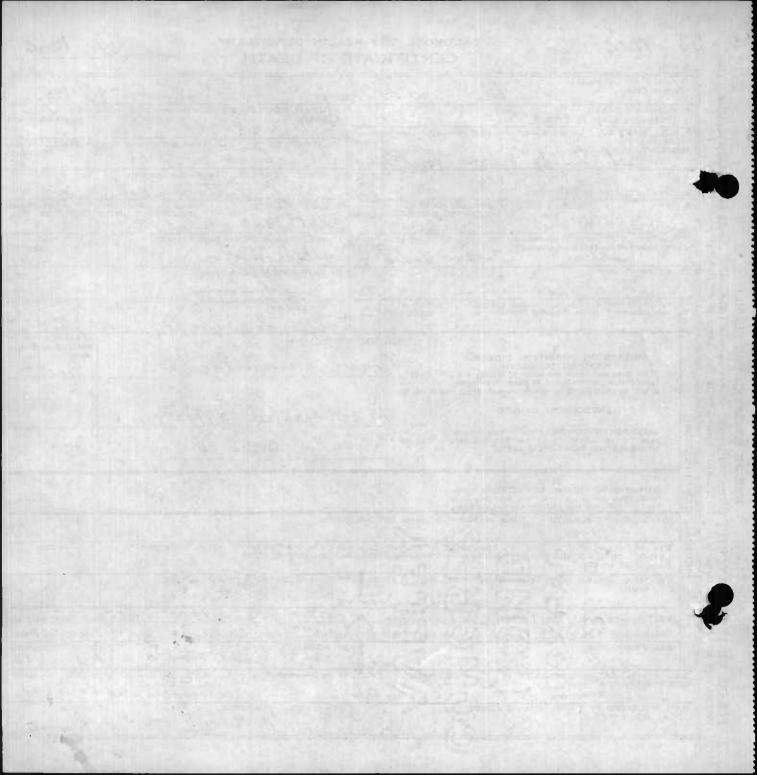
24c. NAME OF

Vanislans

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25 HUNERAL PIRECTOR

ADDRESS



# Registered No.

	abes		2. DATE OF OF DEATH		
	STATE	dence (W	here deceased lived B. COUNTY		: residence ore admission)
C.	Pall or tow	Cy Mills	outside corporate li	its, wright	township)
,	5724	5. 0	ur live location		Are
	230/1889		9. AGE In years last birthday) 63	If Under 1 Year Months Days	If Under 24 Hours Hours Min.
11.	POL	(State or for	reign country)	12. CITIZ WHA	TEN OF T COUNTRY?
	MOTHER'S M chalina	Barczal			
	informant izabeth	Malanov	vski 524 S.	ADDRESS Luzerne	Ave
1/100 Cha	sur a	-oce	ulas	ONSE	VAL BETWEEN  AND DEATH  .
TI	ON			20. Yes	AUTOPSY?
or c,)	21c. WHERE INJURY OCC		f in Baltimore Cit	y, give exact	location)
D	21f. HOW D	ID INJURY	OCCUR?	1	
	4.00	SV.	1/4/2 3 4	17.	7

21A. ACCIDENT WAS UNDER-

21B. PLACE OF INJURY (e. g., in

LYING OR CONTRIBUTING CAUSE OF DEATH

about home, farm, factory, street, office hldg., et

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRE WHILE AT

deceased alive on syst.

WORK AT WORK L 22. I hereby certify that I attended the deceased from 19 1: and that death occurred at.

Am. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

24c. NAME OF CEMETERY OR CREMATORY

23C. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

24B. DATE  $\sqrt{53}$ 

St. Stanislaus

1300 Dundalk Ave-Balto, Md

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

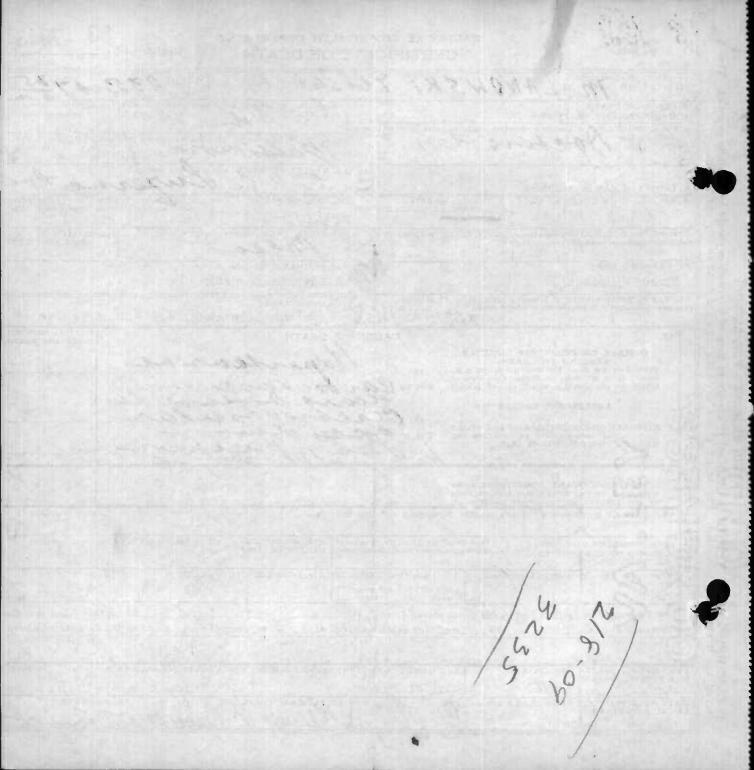
VS 150

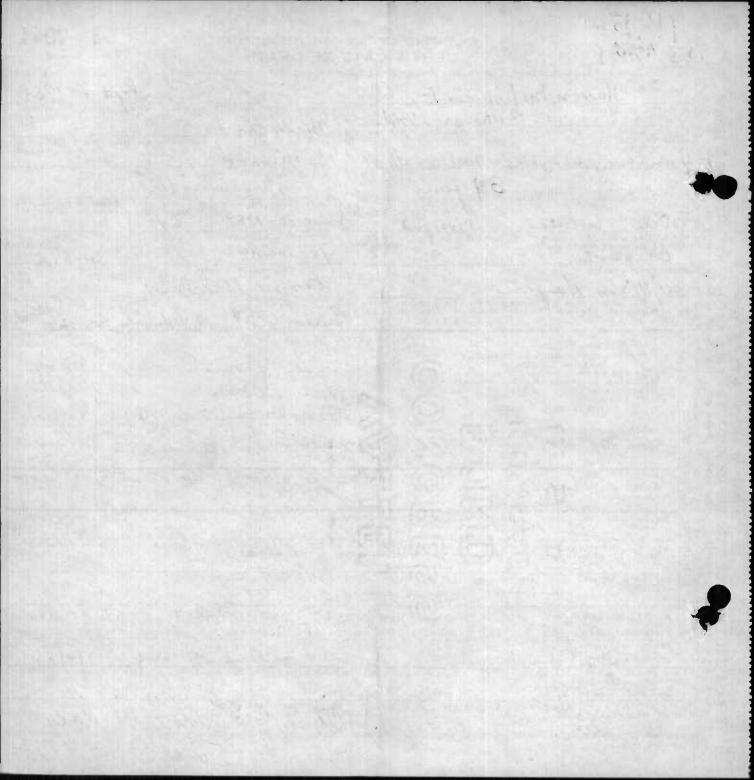
PLEASE WRITE correct age is esp

important.

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fully supplied.

plnous

information

of

ORRISON INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) 19 13 that I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED 24D. LOCATION (City, town, or jounty) Pikesville, Md. ADDRESS

before admission)

12. CITIZEN OF

WHAT COUNTRY?

township)

PLEASE WRITE correct age is ex

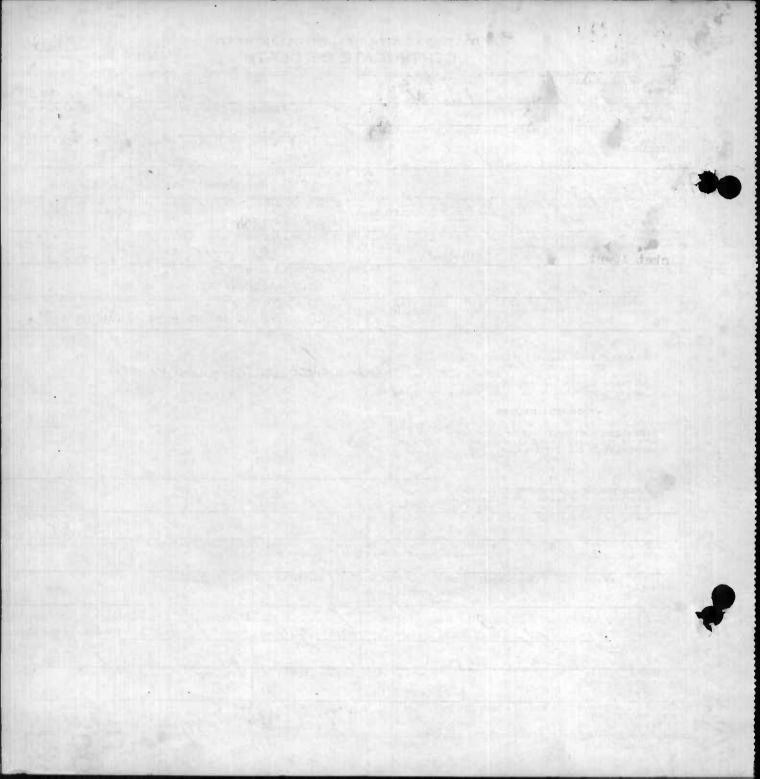
The

B-650	
1. NAME OF DECEASED	)

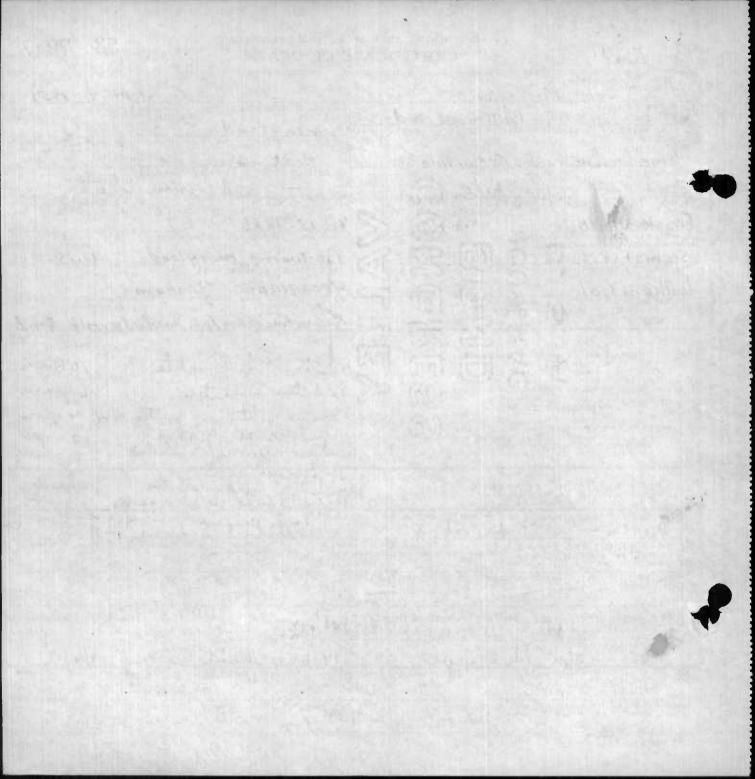
#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.	7946
and Superved Nich	

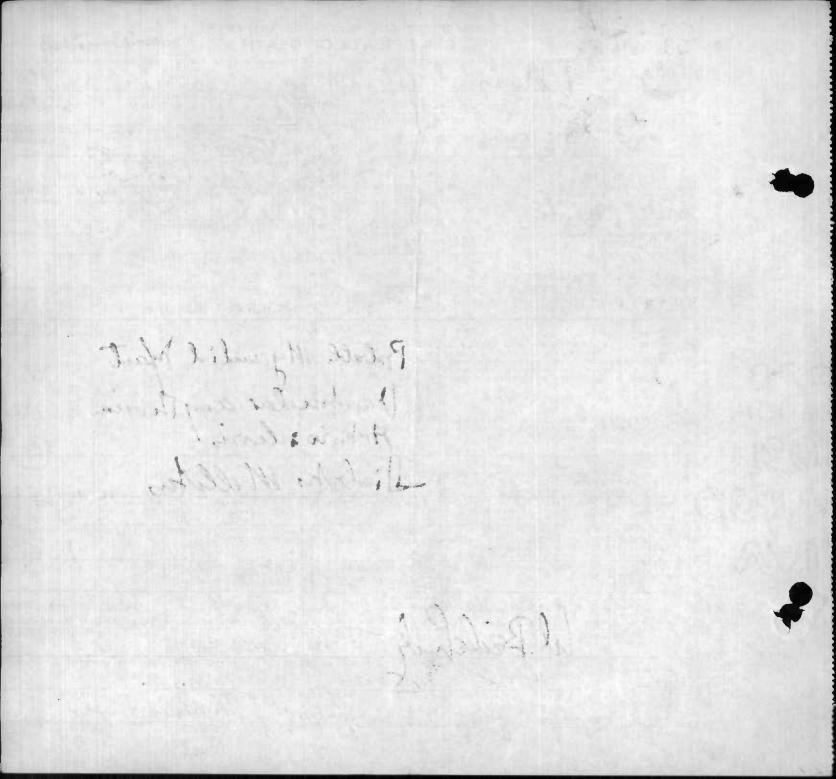
B	IRTH NO.		OLIVINI TOTTI	E OF BEATTI		
1.	NAME OF DECEASED Type or Print) Linco	Russ ln / B	sell Brown		2. DATE OF SEE	1. 3. 1953
В.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in bospit	160	on, give street address or	4. USUAL RESIDENCE (V A. STATE Maryland.		
	OSPITAL OR Lutheran 230 Achb				f outside orporate limite	write WORAL and give township)
c.	Length of stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If 2555 Edmonds)		
	SEX 6. COLOR OR RACE Hale White	WIDOWI	MARRIED. ED DIVORCED (Specify)	Sept. 21.186h	9. AGE (In years last birthday) Mon	Under 1 Year H Under 24 Hours of the Days Hours Min.
MOL	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY?
	Thomas J. Brown	Little de abore	Jea	14. MOTHER'S MAIDEN N. Mary LaRue Bow		Then to
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMEI 2, no or unknown) (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Douglas L. Br	AD	DDRESS Lendale St.
RTIFICATION	DISEASE OR CONDITION® LEADING TO DEA (This does not mean the mode of the control	TH of dying, e. g. ans the disease caused death. SES  F ANY, GIVING STATING TH	(B)	sligd arterio		
CERT	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED	o ca of	prostate.		
CAL	7	98. MAJOR		ATION		YES NO
MEDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	about home, fa	CE OF INJURY (e. g., in arm, factory, street, office bldg., e	to.) INJURY OCCUR?	If in Baltimore City, gi	ve exact location)
	21D. TIME (Month) (Day) (Year) OF INJURY	w	VHILE AT NOT WHILE AT WORK		Y OCCUR?	
	22. I hereby certify that I att deceased alive on 2/1 23A. SIGNATURE		and that death occur	red at 2/5/52 m., from t 3B. ADDRESS /2.26		that I last saw the e date stated above.  23c. DATE SIGNED  -3-53
Z. TI	4A, BURIAL, CREMA- ON, REMOVAL (Specify) Burial 9/5/53	2	Loudon Park		OCATION (City, town, o	or county) (State)
D	ATE RECEIVED BY REGISTRAR DCAL REGISTRAR	SSIGNATU	3 0 0 n	25 FUNERAL DIRECTOR	skenes 4 ×	AODRESS
	VS 150	gon ,	Vollegues-, No		Botto. 17.	md-



Registered No 2. DATE DEATH Sept- 4 -4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY before admission) (If outside corporate limits, writh RERAL and give D. STREET ADDRESS (If rural, give location) liken stree AGE (In years | H Under | Year | H Under 24 Hours | Inst birthday) | Months | Days | Hours | Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? w.S. a. Baltimorp maryland Naham Homefor Incurables Records ONSET AND DEATH 10 Hours (If in Baltimore City, give exact location) 21F. HOW/DID INJURY OCCUR? 195 - that I last saw the m., from the causes and on the date stated above. 23c DATE SIGNED 24D. LOCATION (City, town, or county) Balto. Md. ADDRESS



<	5-351	BALTIMORE CITY HE	EALTH DEPARTME		
В	13H NO 7948	CERTIFICAT	E OF DEATH	Registered No.	7948
1	NAME OF DECEASED Wash	am G. Stein	berger	2. DATE OF DEATH SEAST	3-1953
	. PLACE OF DEATH: Baltimore City, Maryland	19. 2	A. STATE	E (Where deceased lived, If ins	titution : residence before admission)
H	OSPITAL OR -	nstitution, give street address or location)	c. 21) Y OR TOWN	(If outside corporate limits, w	vrite RURAL and give
. 1	NSTITUTION JOHNS HOPKIN	S HOSPITAL	Baltin	ore 15-	13 township)
legibly.	Longth of stay in Poltimore	Yrs. Mos.	D'STREET ADDRESS	(If rural, give location)	ng Lane
	. Length of stay in Baltimore  SEX 6.COLOR OR RACE 7.S	Days INVICE, MARRIED. VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it Und	
> 1/4	nale while		6-30-88	65	
clea	k done during most of working life, even if retired) Salesman	KIND OF BUSINESS OR INDUSTRY	Maryland	or foreign country) 12	WHAT COUNTRY?
death	Abraham Steinberger	i w	Rachael Frank		
44 1	5. WAS DECEASED EVER IN U.S. ARMED FOR es, no or unknown) (If yes, give war or dates of ser	CES? 16. SOCIAL vice) 216-01-0091	17. INFORMANT JOHNS HOPKI		RESS
Physicians: please CERTIFICATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST,  II OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT	TRIBUTING	rio silens	amy the min	
1		CONDITION FOR WHICH OF	CAUS	PERATION WAS RELATED TO BE OF DEATH, ENTER IN TIOR PART II	20. AUTOPSY7
important.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY ( about bome, farm, factory, street, office	e. g., in or 21c. WHERE D	ID (If in Baltimore City, giv	
11	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURRI MHILE AT NOT WHILE MORK AT WORK	LE	INJURY OCCUR?	1614
especially	22. I hereby certify that I attended deceased alive on 19	0.	2 1953, to	9-3, 1957 tom the causes and on the	that I last saw the
N N	23A. SIGNATURE W. SE		38. ADDRESS		23c. DATE SIGNED
T	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Surial 9/6/53	0 Shalo		Balto., Md.	county) (State)
	OCAL REGISTRAR REGISTRAR'S SI		25 FUNERAL DIRECT		DÓRESS
	Ovs 150	490	62	Balto. 17.	Mid.



3 7948	3		FICATE C			Registered 1	53	794
BIRTH NO.	DECEACED					DATE		
1. NAME OF (Type or Print)	Ella	Rand	all			of DEATH Sept		53
3. PLACE OF A. Baltimore	City, Maryland B	alto. City		JSUAL RESIDEN	ICE (Where	deceased lived. If B. COUNTY		residene re admis
B. FULL NAME		al or institution, give stre			ryland		(17)	-
INSTITUTION			c. c	ITY OR TOWN		de corporate limit	ts, write all	town
18	North Pear	Street	Yrs. D. S	Baltime TREET ADDRES		give location)		
c. Length of	stay in Baltimore	Life	At Mos	8 North				
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIEI WIDOWED, DIVOR Widow	CED (Specify)	reh-30-0		AGE (In years last birthday) M.	il Under I Year onths Days	lt Under 24 Hours:
10A. USUAL O	COL.  CCUPATION (Give kind of tof working life, even if retired)	IOB, KIND OF BUSIN		BIRTHPLACE (St		(country)	12. CITIZE	N OF
	v Maid	Hotel		Baltimor			U.S.A	COUN
			14.	MOTHER'S MAIL				
15. WAS DECEA	SED EVER IN U. S. ARMEI	forces?   16. SOCI	A1 17	INFORMANT	Bal		Doneson	
(Yes, no or unknows	(If yes, give war or date	os of service) SECU	IRITY NO.				DDRESS	
18. / 17	11	1	CAUSE OF	retha Ha	MKIUS	TO H. Les	INTERV	
	SE OR CONDITION		0/1001 01 1				ONSET	A NID E
(This do	LEADING TO DEA	TH of dying, e. g.,	yearfl Car	uniona	oful	terus with		1-6
Z DISEAS	LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mean to complication which of anticology and the complication which of the complication which of the complication which of the complication which is complication with the complication of the complication of the complex comple	oue T f any, giving stating the disease, caused death.)  F ANY, giving stating the due to the disease, caused death.)		uniona Hastas	of no	terus with		1-6
Z DISEAS: RISE TO UNDER!	LEADING TO DEA' es not mean the mode ure, asthenia, etc. It mea c complication which ANTECEDENT CAUS	oue T f any, giving stating the disease, caused death.)  F ANY, giving stating the due to the disease, caused death.)		enioma Hastas	of no ifs - g	trus wit		1-6
Neart fai injury of the control of t	LEADING TO DEA's not mean the mode oure, asthenia, etc. It means to complication which of anticological conditions, it is above cause (A). YING CONDITION LA CONDITIONS IN	oue T  f dying, e. g., ans the disease, caused death.)  SES  F ANY, GIVING STATING THE  CCONTRIBUTING RELATED TO THE		esiona Hastas	of ne	eneralize		1-6
NO DISEASE RISE TO UNDER! UNDER! UNDER! UNDER! UNDER! UNDER! UNDER! UNDER! UNDER! UNDER! UNDER!	LEADING TO DEA's not mean the mode oure, asthenia, etc. It means to complication which of anticolors of the complication which of the complication which of the complication of the complication of the complication of complication of complication of the complication of complication of complication of the complication of complication of complication of the complication of the complication of the complication of the complication of the complication of the complication of the complex complication of the complex comple	oue T  f dying, e. g., ans the disease, caused death.)  SES  F ANY, GIVING STATING THE  CCONTRIBUTING RELATED TO THE	О	CINOMA WANTAS		WAS RELATED EATH, ENTER ART II	d. Nn.	diter
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heart fai injury of the state o	LEADING TO DEA's not mean the mode of ure, asthenia, etc. It mean the mode of ure, asthenia, etc. It mean to the mode of the m	oue T (A)  f dying, e. g., this the disease, caused death.)  SES  F ANY, GIVING STATING THE STATING TH	WHICH OPERA	TION IF CA	USE OF DART I OR PA	EATH, ENTER ART II n Baltimore City	d. 20. AU	ditir
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NO DISEASI RISE TO UNDERI UNDE	LEADING TO DEA's not mean the mode oure, asthenia, etc. It means the mode oure, asthenia, etc. It means to complication which of anticological conditions, in the above cause (A). YING CONDITION LATER ABOVE CAUSE (A). YING CONDITION LATER ABOVE CAUSE (A). YING CONDITION CONDITIONS OF CONDITION CAUSING OF OPERATION OF OPERATION OF OPERATION OF OPERATION (BUTING CAUSE OF THE MEDICAL EXAMINE (Month) (Day) (Year) by certify that I attalive on and 3/1	THOM THOM THOM THOM THOM THOM THOM THOM	WHICH OPERATION (e.g., in cory, street, office bldg., e.g., in corp, street, office bldg., e.g., in cory, street, office b	TION IF CA PA	EDID (If in CUR?	PART II  Baltimore City  OCCUR?	20. AU IN YES  3that I le	JTOPSY No location
NO DISEASE RISE TO UNDER!  OTHER S TO THE DISEASE  19A. DATE  19A. DATE  19A. DATE  21A. ACCIL OR CONTR DEATH (NO 210. TIME OF INJURY  22. I here deceased 23A. SIGN	LEADING TO DEA's not mean the mode of ure, asthenia, etc. It means to mean the mode of ure, asthenia, etc. It means to mean the mode of complication which of the above cause (A). The above cause (A)	oue To find the disease, caused death.)  SES  F ANY, GIVING STATING THE DUE TO THE STATING	WHICH OPERATION (e.g., in cory, street, office bldg., e.g., in corp, street, office bldg., e.g., in cory, street, office b	or 21c. WHERE INJURY OCC 21F. HOW D	ART I OR PA	PART II  Baltimore City  OCCUR?	20. AU  No 20. AU  YES  3that I le  the date ste  23c. DA	JTOPSY No location
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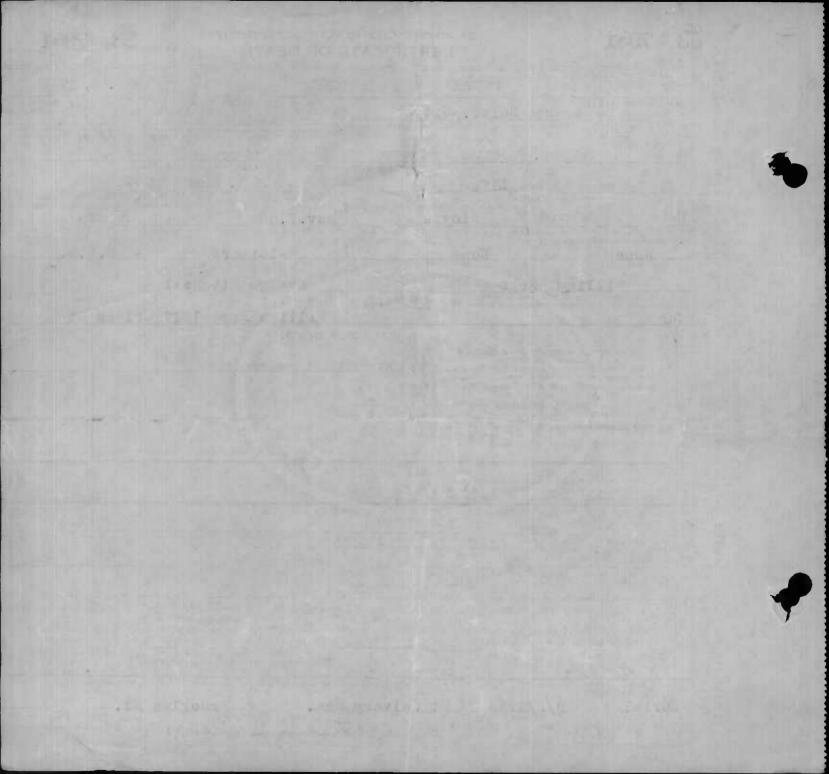
9. AGE (In years) GE (In years | Unter | Year | William 24 Hours | Ast birthday) | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS NTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPS CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? that I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED (State) 240, LOCATION (City, town, or county ADDRESS

before admission)

township)

Brown of a presidential Time states of the sales The said of the said the

	18	7.36.71	HEALTH DEPARTMENT (Registere	A. 7951
The	1.	NAME OF DECEASED	ITCHELL 2. DATE OF SET	ot. 1, 1953
carefully supplied.	А. В. НО	PLACE OF DEATH: Baltimore City, Maryland Balto. City FULL NAME OF (If not in hospital or institution, give street address location)  1202 N. Caroline Street	A. STATE  A. STATE  Maryland  A. STATE	. If institution: residence
e careful legibly.		Yrs Mor Day  Length of stay in Baltimore Life  SEX [6.COLOR OR RACE] 7. SINGLE, MARRIED,	D. STREET ADDRESS (If rural, give location 1626 E. Biddle Street B. DATE OF BIRTH 9. AGE (In years	t Under 1 Year   If Under 24 Hows
BINDING of information should be careful ises of death clearly and legibly.	10	Le Colored Single  A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  WIDOWED, DIVORCED (Special Color of the col	NOV. 7.52  11. BIRTHPLACE (State or foreign country)	Mqnths Days Hours Min.  12. CITIZEN OF WHAT COUNTRY
G mation eath cle		None   None   FATHER'S NAME   William Regs	Baltimore 14. MOTHER'S MAIDEN NAME Evelyn Mitchell	U.S.A.
BINDING of inform uses of dea	(Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? DO OF UNRDUWN) (If yes, give war or dates of service)   16. SOCIAL SECURITY NO.	William Regs 1617 Or	ADDRESS Lean St
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	ICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CON-	stitial pneumonitis	ONSET AND DEATS
MAI UNFA Physic	CERTIFI	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OP	ERATION	20. AUTOPSY?
LY, WITH important.	EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.		YES X NO L
AINLY,	Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUP WHILE AT HOT WHI AT WORK	LE	
PL		22. I certify that I took charge of the remains described the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural cause	Autopsy, Inspection or Inquiry, find that said deceased died on ses X, accident \( \). suicide \( \), homicide \( \)	the day stated above $\Box$ , undetermined $\Box$ .
PLEASE WRITE	24	A. BURIAL, CREMA-1 24B. DATE 24C. NAMEX CEME  A. REMOVAL (Specify)	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	Sept. 1, 1953
PLEA	D	N. REYKOVAL (SDEPLIY)  DUTIAL  9/5/1953  Nt Calvery  CAL REGISTRAR  CAL REGISTRAR	Com Brooklyn Mo	ADDRESS Browley



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The MARGIN RESERVED FOR BINDING

2-600	CERTIFICATE AND DED  BALTIMORE CITY HEALTH	
3 7952 BIRTH NO.	CERTIFICATE OF	DEATH

7952 Registered 33.

DIKTI NO.						
1. NAME OF DECEASED (Type or Print)	BERTHA CAR	RR	of Sept. 3	, 1953		
3. PLACE OF DEATH: A. Baltimore City, Maryland	Balto. City	4. USUAL RESIDENCE (V	Where deceased lived, If in	nstitution; prindence before admission)		
HOSPITAL OR INSTITUTION	ital or institution, give street address or location) okins Hospital		outside corporate limits,	write RURAL and give township)		
Joints not	Yrs.	D. STREET ADDRESS (If				
c. Length of stay in Baltimore I	Life Mos. Days	22 N. Bo	ond Street			
5. SEX 6. COLOR OR RACE Female Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH	9. AGE (in years lest birthday) Mon	nder i Year ths: Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or fe		12. CITIZEN OF		
Domestic	Home	Baltimore	17.	S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME			
Dann Carr		Selena Pod	ctor			
15. WAS DECEASED EVER IN U. S. ARME (Yes, no or unknown)   (If yes, give war or dat	ED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS		
MO O		Thelma Gaugh	226 Bradfo	and St		
DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which	DIRECTLY ATH of dying, e.g., eans the disease,	OF DEATH  Ty artery sclerosi	. <u>S</u>	INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAU	ISES					
RISE TO THE ABOVE CAUSE (A	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
0	(C)					
OTHER SIGNIFICANT CONE TRIBUTING TO THE DESTAL OF CONDITION	T NOT RELATED CUTE !	alcoholism				
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER	RATION		YES NO		
U 21A. EXTERNAL CAUSE WAS UNDERLYING   OR CONTRIB UTING   CAUSE OF DEATH	ve exact location)					
OF INJURY (Month) (Day) (Year	2 210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?					
22. I certify that I took cha	arge of the remains described	toove, neta an		thereon and from		
the cvidence obtained by and death in my opinion	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, unde					
23 SIGNATURE A. S	Jackin Ech M	238 CHIEF MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	EXAMINER DE Sep	t. 3, 1953		
TION, PEMOVAL Specify)		RY OR CREMATORY 24D. L		r county) (State)		
Buriel 0/5/52	Mt Calvery	Cem. Bro	oklyn Md.			
DATE RECEIVED BY REGISTRAR	S SIGNATURE	25 TUNERAL DIRECTOR	. 10	ADDRESS		

V S 151

See directive from Dr. Jos. A. Jachimczyk, Asst Medical Exeminer in Document file

BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF supplied. herest DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION D. STREET ADDRESS (If rural, give location Yrs. Mos. adeRia c. Length of stay in Baltimore Days should be 6. COLOR OR RACE AGE (In years | If Under 1 Year | II Under 24 Hours | In under 24 Hours | Months; Days | Hours | Min. 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years Il Under 24 Hours WIDOWED, DIVORCED (Specify) clearly 10A. USUAL OCCUPATION (Give kind of OF BUSINESS OR 10B. KIND 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)

Au Specior INDUSTRY USA COUNTRY? Business ShiR information 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME homas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 216-07-3355 causes ladevia INTERVAL BETWEEN 18. item ONSET AND DEATH SE OR CONDITION DIRECTLY the LEADING TO DEATH Every (This does not mean the mode of dying, e. g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL Y, WITH important. 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY 22. I hereby certify that I attended the deceased from espe deceased alive on and that death occurred at 23A. SIGNATINE 23B. ADDRESS 13.

PLEASE WRITE age

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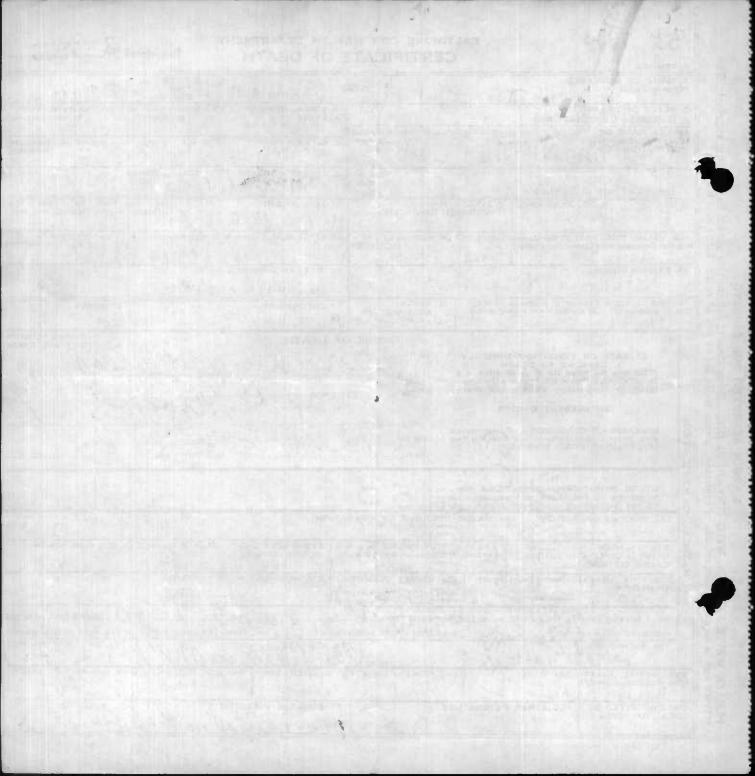
that I last saw the from the eauses and on the date stated above. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY pdeemer m 0 BU 119

DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ED

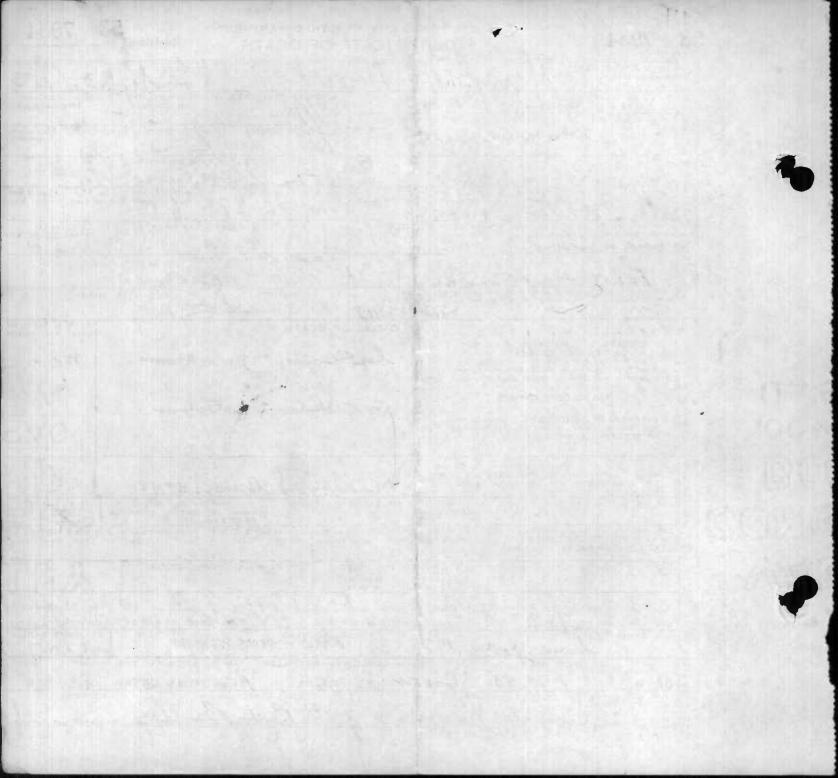
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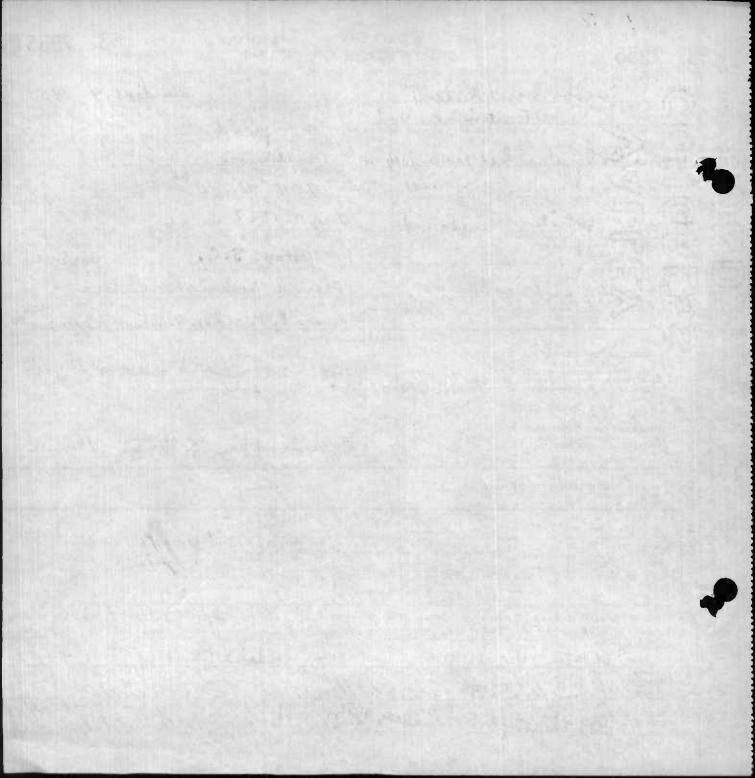
before admission) (If ownside corporate limits, write RURAL and give township) AGE (In years | Woder I Year | Woder 24 Hours last birthday) | Months Days | Hours | Min. WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH that I last saw the In., from the causes and on the date stated above. 23c, DATE SIGNED



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	1	11/100				
	1			EALTH DEPARTMENT	53	7955
5	3,	7955	CERTIFICAT	E OF DEATH	Registered No.	7000
Ę	1.	NAME OF DECEASED	. 1		2. DATE	
H	(T	ype or Print) Webb, his	Kate!		DEATH Sept.	4-1953
		PLACE OF DEATH: Baltimore City, Maryland Balte	in a Ond	4. USUAL RESIDENCE (Wh	ere deceased lived. If insti	itution : residence before admission
ì	В.	FULL NAME OF (If not in hospital or ins	titution, give street address or	maryland		7
H	IN	STITUTION 0 00	location)		itside corporat limits or	rite RORAL and giv township
		ome for Incurables	700W-Hoth St	D. STREET ADDRESS (If ru	ral, give location)	
Û	121	Length of stay in Baltimore 53	Mensal Mos.	700 W. 4	77 5+	
	d	SEX 6. COLOR OR RACE   7. SIN	Days IGLE, MARRIED.	B. DATE OF BIRTH	9. AGE (in years H Under	r I Year   If Under 24 Hours
	9	emale white wil	DOWED, DIVORCED (Specify)	aug 11-1867	last birthday) Months	Days Hours Min.
		A. USUAL OCCUPATION (Give kind of 10B.	IND OF BUSINESS OR	11. BRTHPLACE (State or fore		CITIZEN OF
	WOFE	done during most of working life, even if retired)	INDUSTRY	Charleston. S.C		what country
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	1E	1
	-	Robert T. Chesol	n	Fynch Heler	· Backen	an
1	15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCE s, no or unknown) (If yes, give war or dates of service	S? 16. SOCIAL SECURITY NO.	13 NFORMANT	ADDR	RESS recon
2				Laura E. Visely	u R.N. Home Por	Snevrubles a
5		18. 443X I	CAUSE	OF DEATH		ONSET AND DEAT
		DISEASE OR CONDITION DIRECT		t C.	11/	111
		(This does not mean the mode of dying heart failure, asthenia, etc. It means the d	isease,	grinusia C	scallo visiona	11 years
		injury or complication which caused	leath.) DUE TO	سم له	oct.	
	_	ANTECEDENT CAUSES		- 1	٠,	
	ATION	DISEASES OR CONDITIONS, IF ANY, OR RISE TO THE ABOVE CAUSE (A) STATIN	GIVING (B)	11.	4.4	
4	AT	UNDERLYING CONDITION LAST.	(C)	Hypertroftue	arthritis	10 years
	FIC		(0)			0
	RTI	OTHER SIGNIFICANT CONDITIONS	CON-			
	CE	TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSI				
	1	19A. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	EDICAL	21. ACCIDENT WAS UNDER 21B	PLACE OF INJURY (e. g.,	in or   21c. WHERE DID (If	in Baltimore City, give	exact location)
	EDI	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH	ome, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	Darwingt City, give	cauco iocarion,
4	Σ	21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	RED 21F. HOW DID INJURY	OCCUR?	
2		OF INJURY	WHILE AT NOT WHILE			
			the designed from At.		N. 4 195311	hat I last sam th
1		dcceased alive on 195	3 and that death occu	red at 33%, 1942, to	causes and on the	late stated abov
2		23A. SIGNATURE		23B. ADDRESS		3C. PATE SIGNED
0		W. Streetin Hers	M. D.	214 Mudul	SATION (City town or o	414 53
			I MALL DIMINIE OF LEMETE			

REGISTRAR'S SIGNATURE

DATE RECEIVED BY LOCAL REGISTRAB.
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## BALTIMORE CITY HEALTH DEPARTMENT

Registered 3 7956

1. (T	NAME OF D ype or Print)	GEORG GEORG	E LE	GRANDE MOWEN	2. DATE OF DEATH	1/53
3. A.		City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If A. STATE BALLO	institution: residence before admission)
HO	FULL NAME OSPITAL OR STITUTION	4602 Liberty		ion, give street address or location)	c. CITY OR TOWN (If outside corporate White Baltimore City	s with RVRAL and give township)
ll o	Length of s	tay in Baltimore	since		D. STREET ADDRESS (If rural, give location) 4603 Liberty Heights Ave	
Dur m	ale	6. COLOR OR RACE	WIDOW	E. MARRIED, PED, DIVORCED (Specify) Single	Dec. 19, 1871 81   Me	nths Days Hours Min.
Nork	done during most e	CUPATION (Give kind of of working life, even if retired)		of Business or INDUSTRY iture Storage	11. BIRTHPLACE (State or foreign country)  Allegany Penna.	12. CITIZEN OF WHAT COUNTRY?
13	. FATHER'S 1		Morron		Annie E. Miller	
15	. WAS DECEASE	George W.	FORCES?	16. SOCIAL		DDRESS
(10	no or unknown)	(If yes, give war or dates	or service)	none	George L. Mowen (self) B	
CERTIFICATION	(This does heart failt injury or DISEASE: RISE TO TUNDERLY	SE OR CONDITION I LEADING TO DEAT S not mean the mode of ure, asthenia, etc. It mean complication which es ANTECEDENT CAUS S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS GIGNIFICANT CONDITION S TO THE DEATH, BUT I	H f dying, e. f dy	(B)	mide Poisening	ONSET AND DEATH
7	19A. DATE C	F OPERATION 19	B. MAJOR	FINDINGS OF OPER	ATION	YES NO
MEDICA	UNDERLYIN UTING   C	NAL CAUSE WAS G OR CONTRIB-	about home, f	CE OF INJURY (e. g., ir arm, factory, street, office bldg., e <b>home</b>	4602 Liberty Hgts. Ave.	
2	OF INJURY	Month) (Day) (Year) (9/4/53	A. m. v	WORK NOT WHILE	ingested cyanice	
	the evi	dence obtained by a	said Auto	psy, Inspection or I	bove, held an INSPECTION & INQUIRY Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the , accident , suicide , homicide , us	e day stated above, ndetermined
240 TIO DA	A. BURIAL, C	REMA- 24B. DATE pecify)	150	M. M. M. M. M. M. M. M. M. M. M. M. M. M		/4/53 or county) (State)
DA LO SE	TE RECEIVED CAL REGIST	D BY REGISTRAR'S	SIGNATU	Curns Hell	Ewart & Mowen Co., 108 W.	Morth auk.
V	S 151 N	979X			City #	1.

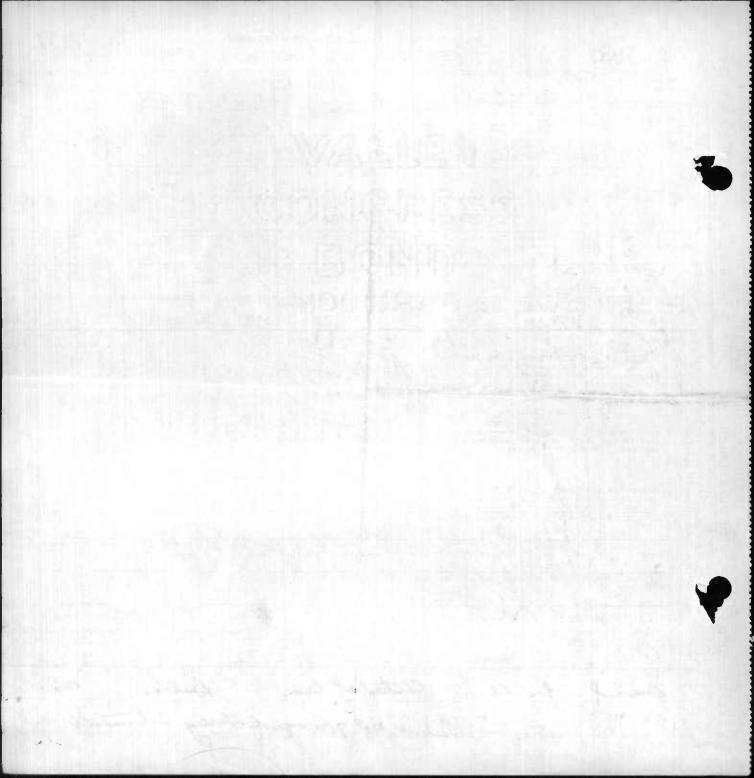


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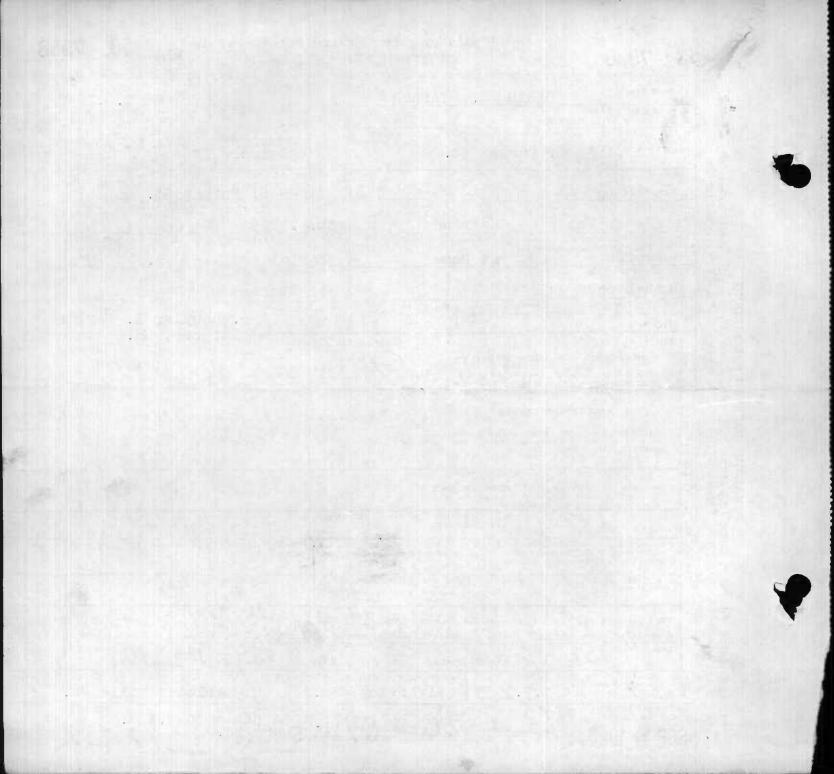
53 NO. 7957	CERTIFICATE OF DEATH
	BALTIMORE CITY HEALTH DEPARTMENT

53	7957
Registered No	

	1. (Ty	Vipe or Print) MISS SELMA B. CONE	OF 3 SEPTEMBER 195	3
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission	n)
		FULL NAME OF (If not in hospital or institution, give street address or		
		SPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, with CIPAL and gittownship	
ó	. 0	Hoods Nursing Home	Baltimore	_
	c	Yrs. Mos. Days	p. STREET ADDRESS (If rural, give location) 914 N. Fulton Ave.	
	5. 5	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify) Single	8. DATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours Mir	13
,		A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)  None  None  Never Worked	11. BIRTHPLACE (State or foreign country)  Germany  12. CITIZEN OF WHAT COUNTRY U.S.A.	Y?
	13.	.FATHER'S NAME Not Known	14. MOTHER'S MAIDEN NAME Not Known	
	15.	. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDRESS	
	(Yes,	, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	Miss Cecilia Keene 3-28 Walbrook	Α.
	1			-
		7	OF DEATH	
		hand failure authoria ata It manus the disease	E CARDIACTAILURE & 15 hrs	5.
		injury or complication which caused death.) DUE TO (UL	MONARY DEDEMA	
		ANTECEDENT CAUSES	Λ.	
	Z		ERATIVE HATERIOSCLEADTIC	
	ERTIFICATION		10 VASCULAR DISEASE	
	CA	UNDERLYING CONDITION LAST.		
	Ē	(c)		
	RT	OTHER SIGNIFICANT CONDITIONS CON-		
9	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
		19A. DATE OF OPERATION   19B. MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?	
	AL		YES NO	A
	EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)  21B. PLACE OF INJURY (e. g., fabout home, farm, factory, street, office bldg.,		
J	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	-
W		OF INJURY WHILE AT NOT WHILE		
7		m.   work LJ AT WORK	1/17/ 1052 0/3/10634 11	_
24			1/17/, 1953, to 9/3/, 1953 that I last saw t.	
3			rred at 7 P. m., from the causes and on the date stated abov	
2		Hilliam I. muse M. V. M. D.	5. W. 29THST-BAUTO.18 9/3/5	2
200	24 TIO	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE		5
3	DA	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS	_
	3	EP 5 1953 H + 4 5 1/11: Que My	Serge & Fully Catamiell med	•
		VS 150		



	RTH NO.	E OF DEATH Registered 80. 7958
	NAME OF DECEASED (SARAH E. TAYLOR	2. DATE OF OF DEATH-Sept. 4.1953
	PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If institution; resid
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address o	A. STATED. B. COUNTY before ad
H	OSPITAL OR 1843 N. Durham St.	
	Yrs. Mos.	o. STREET ADDRESS (If rural, give location)
-	Length of stay in Baltimore 12 Days	
F	emale White Tarried Specify	8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hour
1C or	DA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTR'	11. BIRTHPLACE (State or foreign country) 12. CITIZEN C WHAT CO
H	ousewife at Home	Charlottesville Va. USA
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
_	Samuel Scruggs	? Stokes
Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. NO NO	Mr. Schuyler E. Taylor
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ERALIZED CARCINGHATOSIS
ERTIFICATION	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	CINOMA OF THE UTERUS MARCI
77	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O	CINOMA OF THE UTERUS MARCO
CAL CERTI	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF about home, farm, factory, street, office	PERATION   IF OPERATION WAS RELATED TO CAUSE OF OPERTH, ENTER IN YES   19   19   19   19   19   19   19   1
EDICAL CERTI	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURE OF INJURY  WHILE AT NOT WHILE AT NOT WHILE AT NOT WHAT WOOK AT W	PERATION IF OPERATION WAS RELATED TO CAUSE OF OSATH, ENTER IN PART I OR PART II OR PART
ERTI	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21O. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MEDICAL EXAMINER)  22. I hereby certify that I attended the deceased from deceased give on SEPT. 4, 1913, and that death occur.	CINOMA OF THE UTERUS MARCI  PERATION   IF OPERATION WAS RELATED TO   20. AUTOF CAUSE OF OEATH, ENTER IN   YES   1.    (e.g., in or   21c. WHERE DID (If in Baltimore City, give exact locate bidg., etc.)   INJURY OCCUR?  RED   21f. HOW DID INJURY OCCUR?  ILE   19
MEDICAL CERTI	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH O WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING DEATH (NOTIFY MEDICAL EXAMINER)  21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)  21C. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WH WORK AT WOIL OF INJURY MEDICAL EXAMINER)  22. I hereby certify that I attended the deceased from deceased give on SEPT. 4, 1913, and that death occur 23A. SIGNATURE	PERATION IF OPERATION WAS RELATED TO 20. AUTOF CAUSE OF OPERATION YES PART II  (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact local bidg., etc.) INJURY OCCUR?  RED 21F. HOW DID INJURY OCCUR?  ILE 12



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	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered A	7959
	1. NAME OF DECEASED (Type or Print)  2. DATE OF DEATH OF	t 2-53 Institution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR INSTITUTION  A O Y N. CUMEY ST.  C. CITY OR TOWN (If outside corporate limits)	kyri) RURAL and give township)
e	c. Length of stay in Baltimore  At the Yrs. O. STREET ADDRESS (If rural, give location)  Days O. STREET ADDRESS (If rural, give location)	1
and l	5. SEX 6, COLOR OR RACE   7. SINGLE, MARRIED.   8. DATE OF BIRTH   9. AGE (In years)	Under I Year If Under 24 Hours nths Days Hours Min.
clearly	10A. USUAL OCCUPATION (Give kind of working life, even if retired)  10B. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (State or foreign country)  12. FATHER'S NAME  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
f death	Michael Kirchner Kunigunda hoett	ler
ses of	(Yes, no or unknown) (If yes, give war or dates of service) NONE Eva arhell 204 N.	Curlorst
causes	18. 422.   CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY	ONSET AND OEATH
write the	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  OUE TO	2 + years
- 1	ANTECEDENT CAUSES  Z  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO VACCULAR DESCRIPTION  DESCRIPTION  DUE TO VACCULAR DESCRIPTION  DUE TO VACCULAR DESCRIPTION  DISPANSE TO THE ABOVE CAUSE (A) STATING THE  DUE TO VACCULAR DESCRIPTION  DESCRIPTION  DUE TO VACCULAR DESCRIPTION  DUE TO VACCULAR DESCRIPTION  DUE TO VACCULAR DESCRIPTION  DESCRI	
is: plea	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	
Physicians: please	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
port	21a. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.)  CAUSE OF DEATH  21b. PLACE OF INJURY (e.g., in or ly long) 21c. WHERE DID INJURY OCCUR?  (If in Baltimore City, in the line of l	
	21b. TIME (Month) (Day) (Year) (Hour)  OF INJURY  M. WHILE AT NOT WHILE AT WORK  AT WORK	
espt.	deceased alive on 1953, and that death occurred at 10.460 am., from the causes and on the	that I last saw the
123	Charles Mac Minn 238. ADDRESS M. O. 2900 & Ballines ST	Sept 2 1903
ect age	24A. BURIAL, CREMA- 110N, REMOVAL (Specify)  SEPT 5 93 DRUM RIDGE CEM PINES VILLE	174
correct	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE  25. FUNERAL DIRECTOR  1800 - 1800	ADDRESS LOMBARDS
	Vs 150	

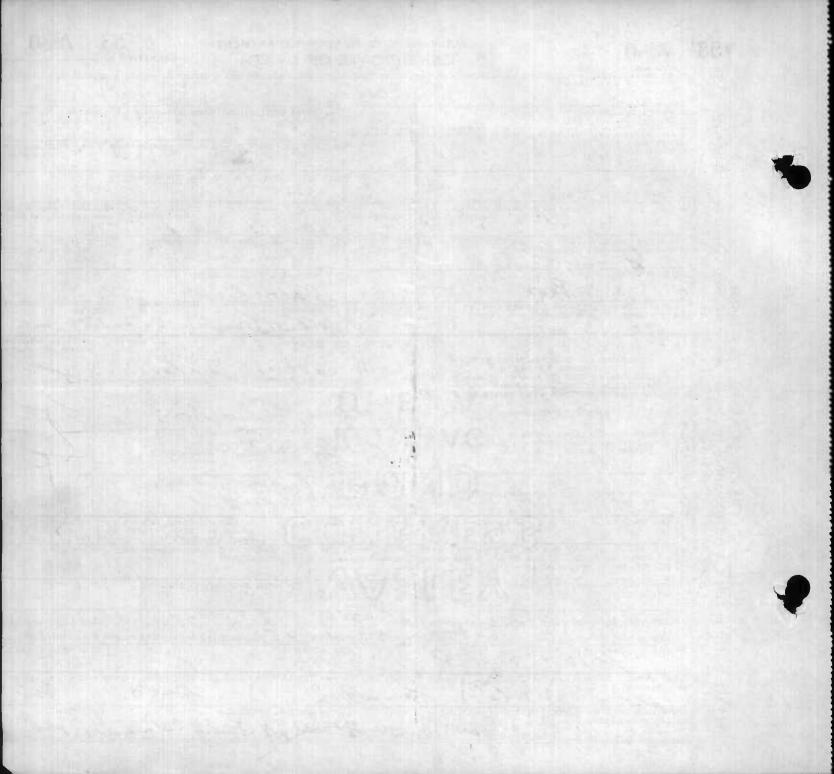
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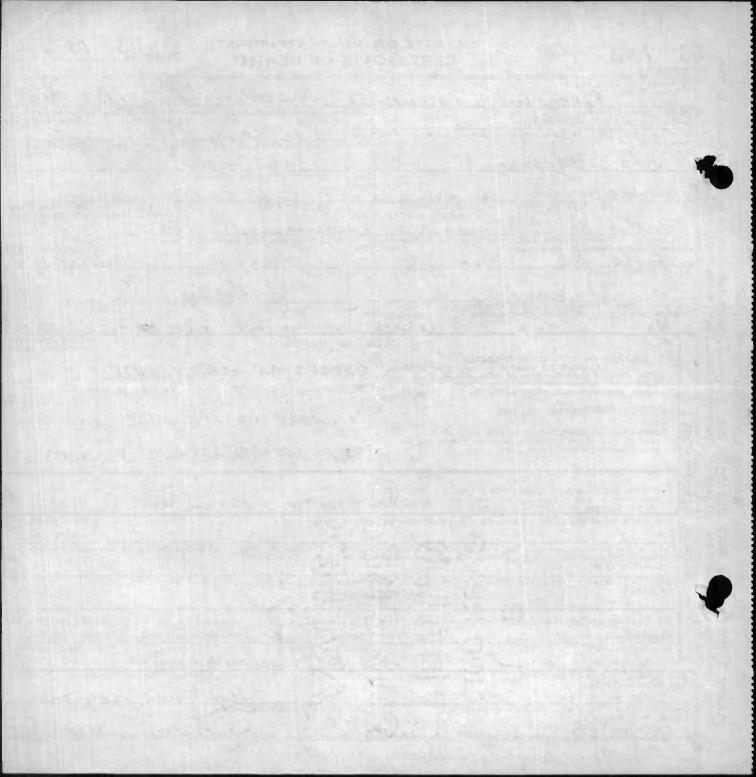
## BALTIMORE CITY HEALTH DEPARTMENT

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00	1000
Registered No	

The	ВІ	RTH NO.			CERTIFI	CATE	OF D	EATH	registered	. 110	
100	1.	NAME OF Divpe or Print)		hic M	. Ross	berg	•		2. DATE OF DEATH	14/5	- 3
upplie	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or						4. USUAL RESIDENCE (Where deceased lived. If Institution; residence before admission)				
ld be carefully supplied. and legibly.	HOSPITAL OR INSTITUTION University Hosp.					Inna Aina \	C. CITY OR TOWN (If outside corporate limits, write RISRAL and give townshlp)				
careflegibl	c.	Length of st	tay in Baltime	ore	Life	Yrs. Mos. Days	D. STREET	ADDRESS (If	rural, give location)	gre .	
should be	5.	SEX	6.COLOR OR F		GLE, MARRIED, OWED, DIVORCED		8. DATE OF BIRTH 9. AGE (In years   10 under 1 Year   11 Under 24 Hours   11 Under 24 Hours   12   13   14   15   15   15   15   15   15   15				
on shoul		done during most o	CUPATION (Give of working life, even if		ND OF BUSINES	S OR I	11. BIRTHPLACE (State or foreign country)  12. CITIZEN WHAT C			T COUNTRY?	
ation	13	. FATHER'S N		D. C	emke	1	CA:	TH. Bec	AME Kon		
BINDING of inform uses of dea	15 (Yes	. WAS DECEASE , no or unknown)	D EVER IN U.S. (If yes, give war	ARMED FORCES or dates of service)	16. SOCIAL SECURIT	Y NO.	By Cha	le Ross	leg- 50CH	ADDRESS	Cover
2 2 2		18. 4-20 DISEAS	E OR CONDIT	ION DIRECTI	LY	M.	F DEATH	1	To Kare Ti	INTER	T AND DEATH
h-1 1		heart failu	LEADING TO not mean the n re, asthenia, etc. complication wl	It means the dis	ease,	11170		<i>—</i> ,		01 -	, , , ,
RESERVED INK. Ever please write	NO	DISEASES	ANTECEDENT	NS, IF ANY, GI	(B)	_oron	ranz	Throw	bosis	3	CKS
7 PH	CATIC	RISE TO T	HE ABOVE CAUS	E (A) STATING	(C)	Olar	teres	releve.	245		
MARGIN UNFADING Physicians:	ERTIF	TO THE	NIFICANT CONOI DEATH BUT R CONDITION CA	NOT RELATEO		rebra	tu'	Heart	Descore		
H	AL C		F OPERATION		DITION FOR WE	HICH OPE	RATION	CAUSE C	TION WAS RELATED OF OBATH, ENTER OR PART II	TO 20. A	NO NO
	<b>AEDICA</b>	OR CONTRIE	ENT WAS UNDIBUTING CAUS	SE OF ab	218. PLACE OF IN out home, farm, factory,	IJURY (e. 1 street, office blo		URY OCCUR?	(If in Baltimore Ci-	ty, give exac	t location)
	4	OF INJURY	Month) (Day)	m.		NOT WHILE		F. HOW DID IN.	JURY OCCUR?		
-		22. I hereb	y certify that live on 9/4/	I attended t	he deceased fro 3, and that dea	m 12:20 th occurr	RM ed at 4	, 19 , to 4 ?. ?m., from t	he causes and on	$S \rightarrow$ , that I the date s	last saw the tated above.
WRI ge is		23A. SIGNA	festers	1.6		M. D.	B. ADDRES	rs.77 /	OCATION (City, to)	23c. D.	ATE SIGNED
W	TI	A. BURIAL, ON, REMOVAL (S	gecify) 9-	7-53	24c. NAME OF	In Pa	uk		Sola,		hed.
PLEA		ATÉ RECEIVE		TRAR'S SIGNA	S /OILD	0 1	25. FUNER	AL DIRECTOR	2. Catar	ADDRES	had

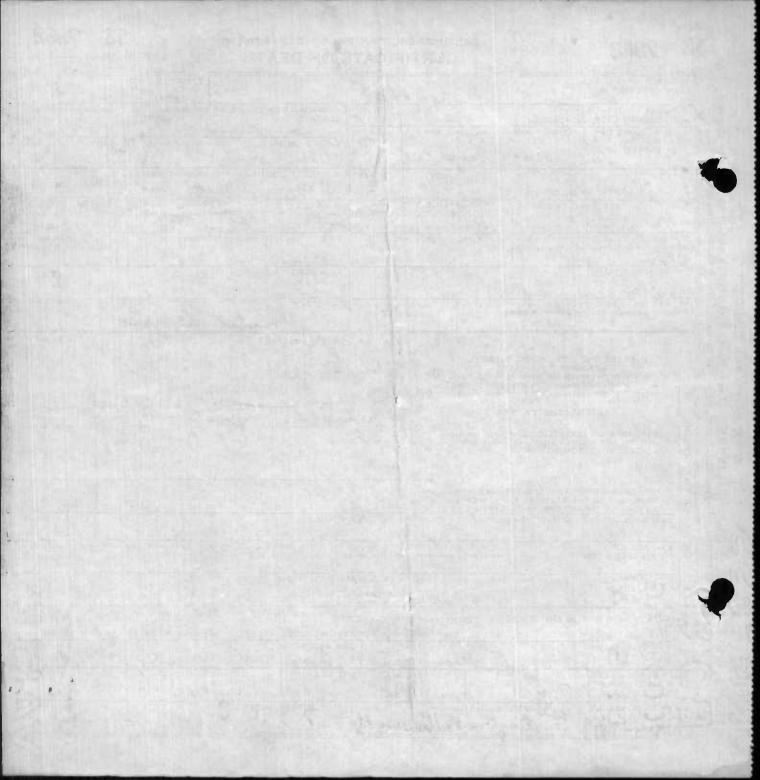


BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH SEPT. supplied. 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH before admission) A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR YOWN (If outside corporate limits, RERAL and give INSTITUTION township) 3035 BENTALOU JALTI MORG Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore . BENTALOU 3035 6U VAS Days should be 6. COLOR OR RACE 9. AGE (In years 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. NANHARY 29, 1868 85 II. BIRTHPLACE (State or foreign country) FMALE Idowi IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? information HOUSEWI ERMAY 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME MOWN nown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16, SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO No NONE ONE 7303 S. BENTALOU YRS. MARGARG 18. 4 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CONGESTIVE HEART PAILURE YCARS (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CORONARY INSUFFICIENCY YEARS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. ATHEROSCLEROSIS GENERALIZED YEARS FIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED OSTEO ARTHRITIS HANDS and FEET ш YEARS TO THE DISEASE OR CONDITION CAUSING IT. Ū 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS EDICAL hportant. (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21B. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especi 22. I hereby certify that I attended the deceased from\_ 19 . to. , 19\_\_\_, that I last saw the WRITE ge is esp and that death occurred at 6:30 A m., from the causes and on the date stated above. deceased alive on 19\_ 23A, SIGNATURE ASC. PATE SIGNED 24A. BURIAL, CREMA-24C. NAME OF TION, REMOVAL (Specify) 1348146 TARYLAY 25 FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR



SERVED F	NK. Every	ase write th
MARGIN RESERVED F	UNFADING II	Physicians: ple
	LY, WITH	o important.
	PLEASE WRITE Y. LY, WITH UNFADING INK. Every	correct age is especies

4	3 7962		EALTH DEPARTMENT	53	7962
1	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No.	
1	1. NAME OF DECEASED	Carter		2. DATE OF 9-3	_53
1	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W		titution : residence before admission)
	B. FULL NAME OF (If not in hospital or inst HOSPITAL OR INSTITUTION Provident	itution, give street address or location)		outside corporate limit, w	rite RURAL and give township)
	c. Length of stay in Baltimore	Syn. Mos. Days	D. STREET ADDRESS (If r 236/ W. How	ural, give location)  Have.	
	5. SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years li Und last birthday) Month	er l Year   If Under 24 Hours s Days Hours Min.
-		aniel	126.2,1849	54	
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country) 12	. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
-	15. WAS DECEASED EVER IN U. S. ARMED FORCES		diza.		
	(Yes, no or nnknown) (If yes, give wer or detes of service		17. INFORMANT	Kecondo	RESS
	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di		INTERVAL BETWEEN ONSET AND DEATH		
Ш	ANTECEDENT CAUSES  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	tilis	y.		
	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REI OTHE DISEASE OF CONDITION CAUSIN				
		OR FINDINGS OF OPER	RATION		20. AUTOPSY?
-	21A. ACCIDENT, SUICIDE, 21B.	PLACE OF INJURY (e. g., i me, farm, factory, street, office bldg.,	in or 21c. WHERE DID (If etc.) INJURY OCCUR?	in Baltimore City, give	
	2 210. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?	
	22. I hereby certify that I attended t	he deceased from Se	1. 1 , 1957 to B	7t. 3 1953 +	hat I last saw the
	deccased alive on Jen. 3, 195	, and that death occur	rred at 5:45 Am., from th	e causes and on the	date stated above.
	page K. o	leyno M.D.	(Provident 10	ospital 1	9-3-53
	24A. BURIAL, CREMA 24B DATE TION REMOVAL (Specify)	Letheur	ERY OR CREMATORY 240. LC	CATION City town, or	county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNAL REGISTRAR'S SIG	The State of the S	25. FUNERAD DIRECTOR	A	Buntla
	VS 150		V V		we

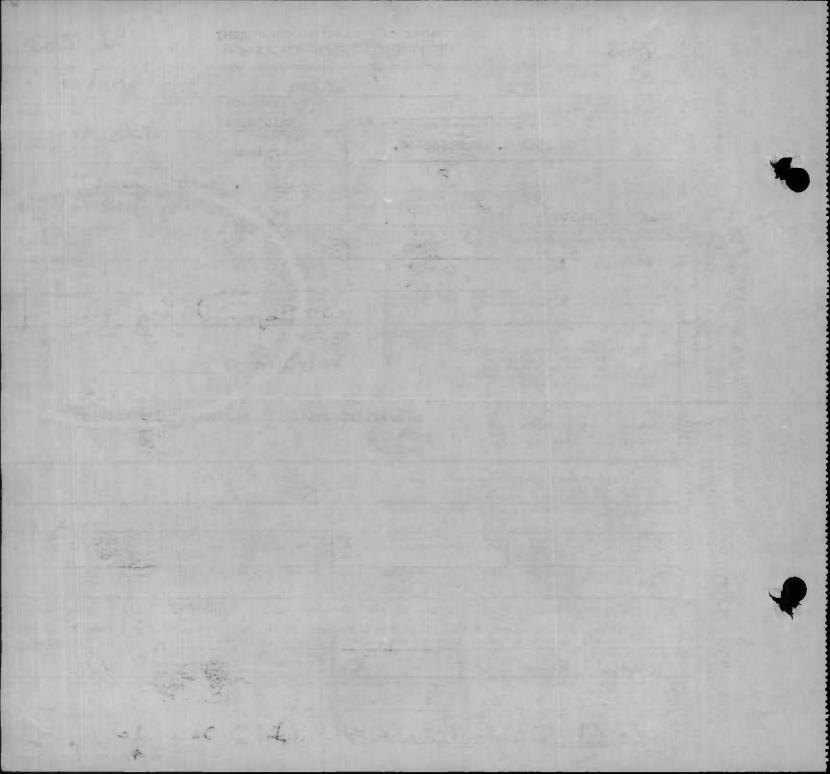


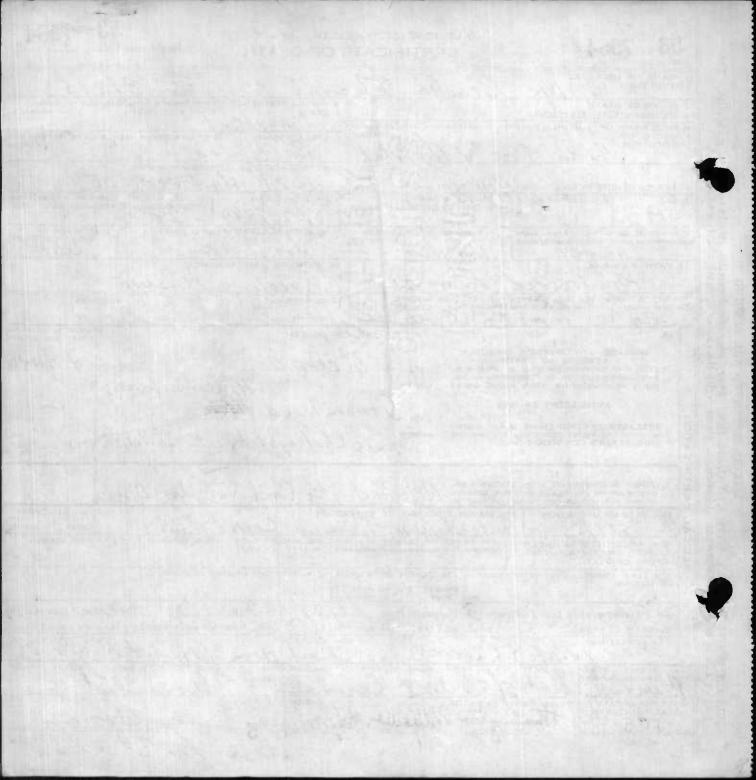
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## BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

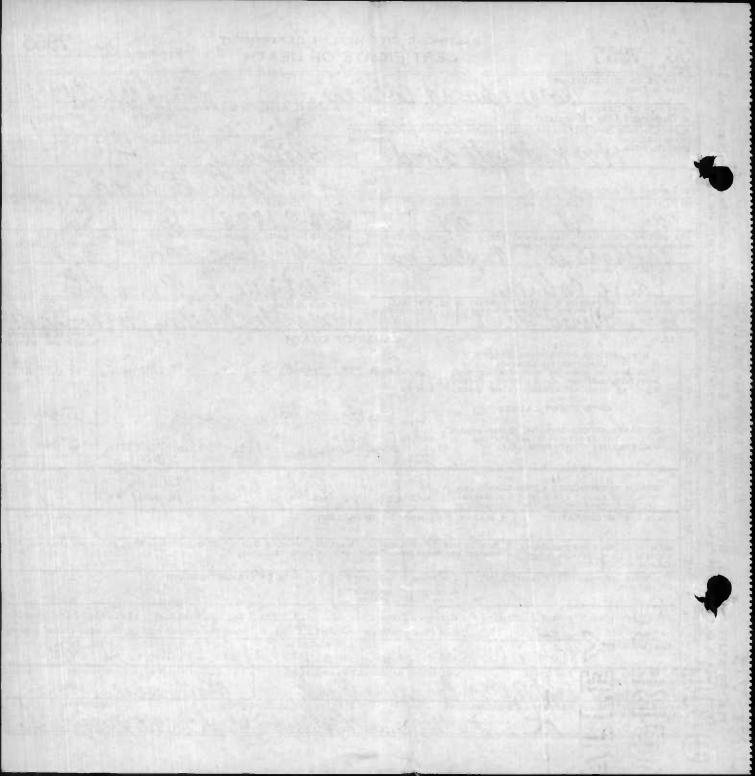
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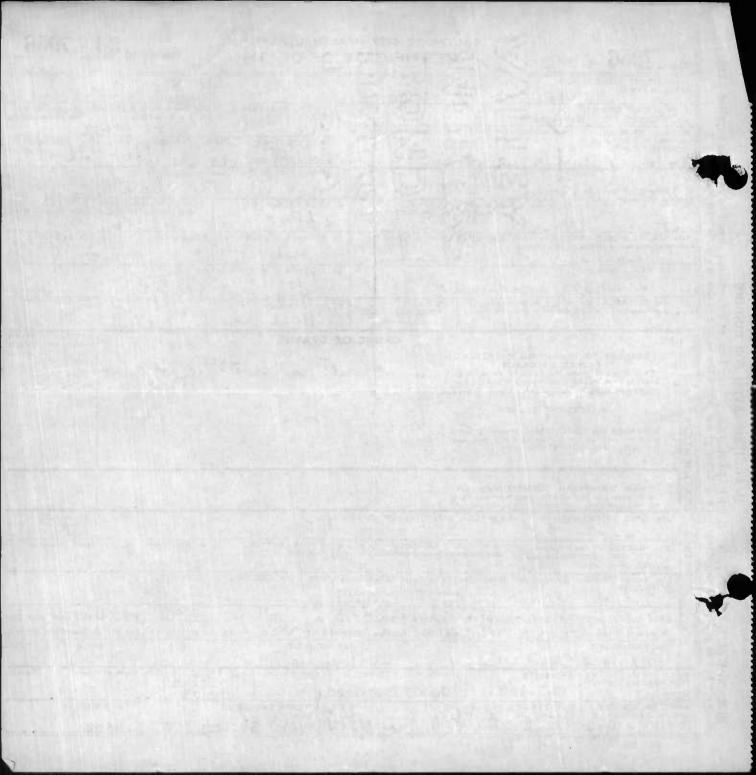
BIRTH N	8.00					
I. NAME (Type or ]	OF DECEASED				2. DATE	
	MAI	TIN		SEYMOUR		3/53
	OF DEATH: nore City, Maryland			4. USUAL RESIDENC	E (Where deceased lived, B. COUNTY	If institution ; residence
			tion, give street address or			before admission
HOSPITA	L OR		location)	C. CITY OR TOWN	(If outside corporate in	nits will RoltAL and giv
///	15%	24 N. Caro	line St.	Maryland		township
			Yrs.	D. STREET ADDRESS		
c. Lengt	h of stay in Baltimo	re	Mos. Days	1524 N.	Caroline St	reet
5. SEX	6. COLOR OR R	ACE   7. SINGL	E. MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	
male	white		VED, DIVORCED (Specify)	?		Months Days Hours Min
IOA. USU. ork done duri	AL OCCUPATION (Give) ng most of working life, even if re	ind of 10B. KING	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATH	ER'S NAME	0		14. MOTHER'S MAIDE	N NAME	
15. WAS D	ECEASED EVER IN U.S. A	RMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1 4	ADDRESS . 7
			02001111110.	Win Dem	239.	Harry W. J
18.	581.0		CAUSE	OF DEATH	00	INTERVAL BETWEE
-	DISEASE OR CONDITI	ON DIRECTLY	0.1002	O. BLATTI		ONSET AND DEAT
	LEADING TO	DEATH		Fatty liver		
hen	rt failure, asthenia, etc. I	t means the diseas	se,			
inji	iry or complication wh	ich caused death	I.) DUE TO			The second second
	ANTECEDENT (	AUSES				
Z DIS	EASES OR CONDITION	S. IF ANY. GIVE	(B)Arter	iosclerotic ca	rdiovascular o	isease
RIS	E TO THE ABOVE CAUSE DERLYING CONDITIO	(A) STATING TI	HE DUE TO			
<b>«</b>	D4.1.E11110	LAST.	(C)			
	11					
C OTI	HER SIGNIFICANT CO					
TRI TO	THE DISEASE OR CONDI	TION CAUSING	т			
U 19A. D	ATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY7
¥						YES X NO
- LINDER	XTERNAL CAUSE WAS		ACE OF INJURY (e. g., i arm, factory, street, office bldg., c	n or 21C. WHERE DID	(If in Baltimore City	, give exact location)
	CAUSE OF DEA					
∑ 21D. T	IME (Month) (Day) (	(ear) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID IN.	JURY OCCUR?	
OF IN.	JURY	m.	WHILE AT NOT WHILE			
22 1	certify that I took			hous hold	Autopsy	42
			remains described a	Autor	psy. Inspection or Inquir	thereon and from
t)	he evidence obtained nd death in my opin	by said Auto ion resulted f	psy, Inspection or I rom: natural causes	nquiry, find that sais M, accident , suice	d deceased died on	the day stated abov
	GNATURE /	W		238. CHIEF MEDIC	AL EXAMINER	23c. DATE SIGNED
W	Whan Upor	STATE	м	.D. MEDICAL INVESTI		9/4/53
24A. BUR	VAL (Specify)	TE U	24C. NAME OF CEMETE	RY OR CREMATORY 24	LOCATION (City, tow	n or county) (State)
8 61	253e 9-8	.53	Sit Det		1 sacció	n ()
DATE REC	EIVED BY   REGISTE	AR'S SIGNATU	IRE	25. FUNERAL DIRECT	OR	ADDRESS
LOCAL RI	EGISTRAP	die Ilen	14/60 - 0	POLLA	121	





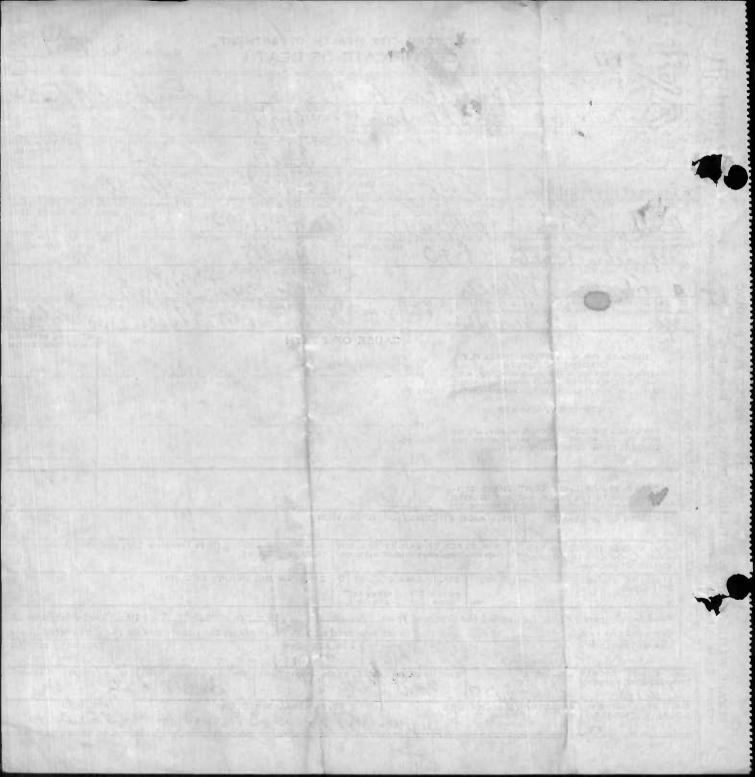
Registered No B. COUNTY before admission) (If outside corporate li hits, w ite RUMAT. wnship) 1 Year if Under 24 Hours last birthday) | Months | Days | Hours | Min. CITIZEN OF WHAT COUNTRY INTERVAL SETWEEN ONSET AND 20. AUTOPSY YES (If in Baltimore City, give exact location) 19.53that I last saw the P. m., from the causes and on the date stated above. 23c. DATE SIGNED





H	42-6	
B	BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  Registered No.	7957
C	NAME OF DECEASED William & Slasser 2. DATE OF DEATH LED	T4, 1950
AB	Baltimore City, Maryland 15 22 blubs of A. STATE B. COUNTY  FULL NAME OF (If not in hospital of institution, give street address or	before admission
	Balto	vrite RULAI township
	Length of stay in Baltimore Life Yrs. Mos. Days 2208 W. Houselle M	>
	Mall White (MUNICIO (Specify) Qua 19, 1842 Past birthday) Month	lei 1 Year it Under 24 Hours ns: Days Hours Min.
WOI	Deposition by the Burlion By O INDUSTRY Bullo	WHAT COUNTRY
	a. FATHER'S NAME Alasser Wagner Wagner	
(Y	5. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMACY ADD SECURITY NO. 18 INFORMACY ADD SECURITY NO	88 W. fruse
	DISEASE OR CONDITION DIRECTLY	INTERVAL BETWEEN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO	The state of the s
z	ANTECEDENT CAUSES  (B) Cercunina of Maddler	
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)	
RTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-	
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	1-00 41-0004
SAL	19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CHURCH CHUR	exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE	Paralle I da
		that I last saw th
	deceased alive on 1953, 1953, and that death occurred at 530 m., from the causes and on the 23A. SIGNATURE 23B. ADDRESS	23c. DATE SIGNED
2 TI	M. D.  14A. BURIAL CREMA- 24B. DATE	county) (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR A COCAL REGISTRAR 1400 SB	DDRESS LO 10

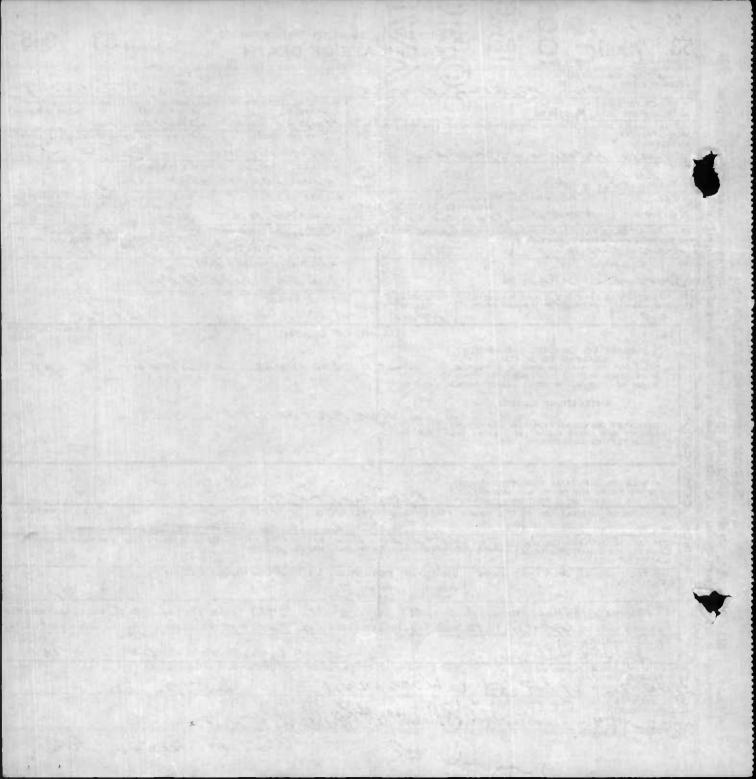
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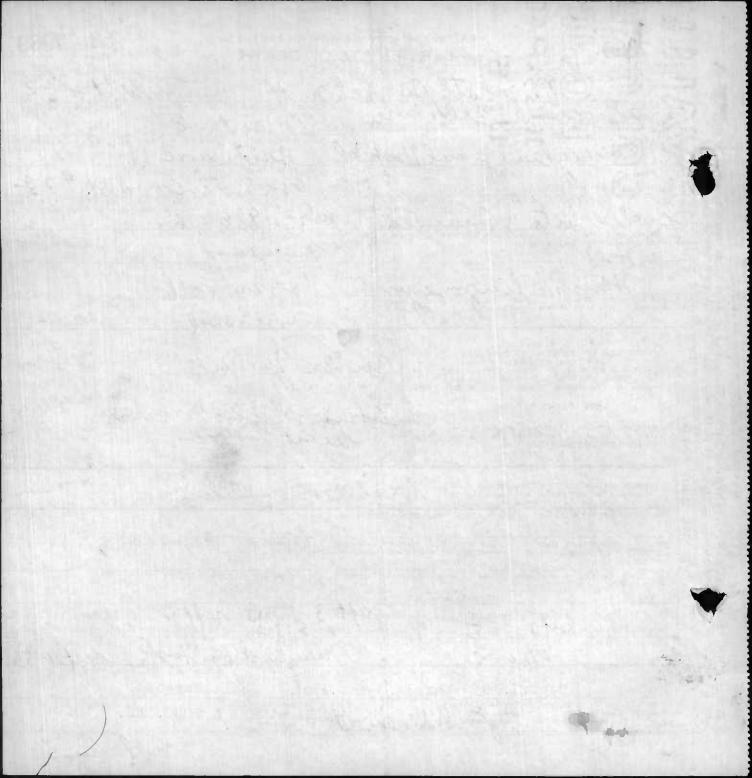
	53 51	3-6 3 796 RTH NO.	20		TIMORE CITY HE			Registered	,5 <u>3</u>	7968
		NAME OF D		INTL	E BUNKE			2. DATE OF DEATH	nt. 4)	145-3
	Α.		EATH: City, Maryland		ion, give street address or	A. USUAL RESIDE A. STATE MANY LA		B. COUNTY	b	on : residence efore admission)
	HO	STITUTION	HOME + H		location)	c. CITY OR TOWN	(If c	outside corporate lin		township)
	1	LIE	E	-037.71	Yrs. Mos.	D. STREET ADDRE	SS (lfr	ural, give location)	-411	
The same	5.	Length of s SEX EMALE	6. COLOR OR RACE	WIDOW	Days E, MARRIED. FED, DIVORCED (Specify)	8. DATE OF BIRTH		9 AGE (In years)	If linder 1 Yes	Hours Min.
	work	done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or for	reign country)	WH	TIZEN OF
	13.	FATHER'S N		17		14. MOTHER'S MA	IDEN NA	ME	10	
100	15.		D EVER IN U. S. ARME	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
	ICATION	heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							ONS	ERVAL BETWEEN
ara creati	CERTIFIC	TRIBUTING	II IGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D Dal 11	YTHEMI	4			
TIP.	CAL	19A. DATE C	of operation $\gamma$	98, MAJOR	FINDINGS OF OPER	RATION				o. AUTOPSY?
Thor ca	4EDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, office bldg.,			in Baltimore City	y, give exa	ct location)
		210. TIME OF INJURY	(Month) (Day) (Year		21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY	OCCUR?		
ברר מפר וז בשוני	TIS	22. I hereb deccased a 23A. SGNA 4A. BURIAL. TO REMOVAL (S	TURE CREMA- 24B. DATE  CREMA- 24B. DATE  CREMA- 24B. DATE	ر, 19 <u>53</u>		rred at H Am. 23B. ADDRESS  CHULCH ERY OR CREMATORY	HOP 240. LC	ne causes and or	the date 23c. SEN wn, or coun	DATE SIGNED  T. 41/75  (State)
7700		ATE RECEIVE		S SIGNATI	Williams Ms	5. FUNERAL DIR	ECTOR	7.4.4	ADDR	ESS

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	1	5 - 5 3 0  BALTIMORE CITY HEALTH DEPARTMENT 5	2 17000
Je	13	7969 (ELIZABET FERTIFICATE OF DEATH Registered No.	7969
. The	1.	NAME OF DECEASED 9 1 20 1 1 0 1 20 1 1 0 1 2 DATE SUPPLY OF SELS	1/4/62
supplied.	-	PLACE OF DEATH:  Baltimore City, Maryland  Bultimore City, Maryland  B	titution : residence before admission)
	B. H	FULL NAME OF (If not in hospital or institution, give street address or location)  OSPITAL OR  OSPITAL	0 7
carefully	IN	Maryland Jewerel Hospital Beltimore	( township)
	) c.	Length of stay in Baltimore / Yrs. Days 032 S. Mentoved S	7 # 25
ld be	-	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, B. DATE OF BIRTH 9. AGE (In years   10 miles birthday) Month	s Days Hours Min.
ation should th clearly a	10 wor	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY)  A done during most of working life, even if retired lobe.	CITIZEN OF WHAT COUNTRY?
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NG dea		5. WAS DEČEASED EVER INJU, S. ARMED FORCES? 16. SOCIAL 17 INFORMANT ASSOCIAL 17 INFORMANT	
f infesses of	(Yo	(If yes, give war or dates of server)  (If yes, give war or dates of server)  ADD  17. INFORMANT  ADD  17. INFORMANT  ADD	Same
item of in		18. 422 1 and 260 X CAUSE OF DEATH	INTERVAL BETWEEN
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KVE Ev writ		injury or complication which caused death.) DUE TO	layle.
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NG NG D	CATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO WELL OF THE CONDITION LAST.  (C)	
ARGI 'ADI	TIF	OTHER SIGNIFICANT CONDITIONS CON-	Um)
MARGIN UNFADING Physicians:	CER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	un
H	CAL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES NO
.0	EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING About home, farm, factory, street, office bidg., etc.) INJURY OCCUR?  (If in Baltimore City, give INJURY OCCUR?)	exact location)
INLY	M	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21s. HOW DID INJURY OCCUR?  OF INJURY  WHILE AT   NOT WHILE	
2		m.   work   AT WORK	hat I last saw the
WRITE 1		deceased alive on soft 4 , 1953. and that death occurred at S: 36 As from the causes and on the	date stated above.
	2,	Phone M.D. Melusland Sin. Hosp.	Self. 4 53
PLEASE correct ag	Tic	Burial Sept. 7.1953 Moreland Mem. Park Baltimore Md.	tourity) (State)
PLEAS correct	Lo	ATE RECEIVED BY REGISTRAR'S SIGNATURE	DDRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH CROBERT EDWARD CARES 1. NAME OF DECEASED 2. DATE (Type or Print) OF SEPT. 3, 1453 1R. ROBERT DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH A. Baltimore City, Maryland A. STATE B. COUNTY before admission) MARYLAND BALTIMONE (If not in hospital or institution, give street address or B. FULL NAME OF location) HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write BURAL and give INSTITUTION township! BALTIMONE CHURCH HOME + HUSPITAL D. STREET ADDRESS (If rural, give location) Yrs. 6155 2923 EDISON HIGHNA c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (in years)

last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) MALE WhITE MARRIED 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work doneduring most of working life, even if retired) WHAT COUNTRY? INDUSTRY BALTIMONE, MO. U.S.

ITAIN STYLIST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BLANCHE GIBSON EDMAND CARES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.

UNKLONK SELF 213-10-5243 INTERVAL BETWEEN 18. 44 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., (A) HYPERTENSIUE CARDIOheart failure, asthenia, ctc. It means the disease, VASCULAR RENAL DISEASE injury or complication which caused death.) ANTECEDENT CAUSES (8) .. DISEASES OR CONDITIONS, IF ANY, GIVING

RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED OULHONARY INFARCTION TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH

210. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE!

WORK 1953, to SEAT 3 , 1952, that I last saw the

22. I hereby certify that I attended the deceased from Avg 3, 1953, to SEAF 3, 1952, that I last saw the deceased alive on SEAF. 3, 1953, and that death occurred at HII., from the causes and on the date stated above. 23A. SIGNATURE 23s. ADDRESS

23c. DATE SIGNED CAUNCH HOME + HOSPITAL SEP+. 31953 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

TION, REMOVAL (Specify) Sept. 8.1953 Bubial Parkwood Cemetery

21F. HOW DID INJURY OCCUR?

2 Ic. WHERE DID

Baltimore Md. ADDRESS

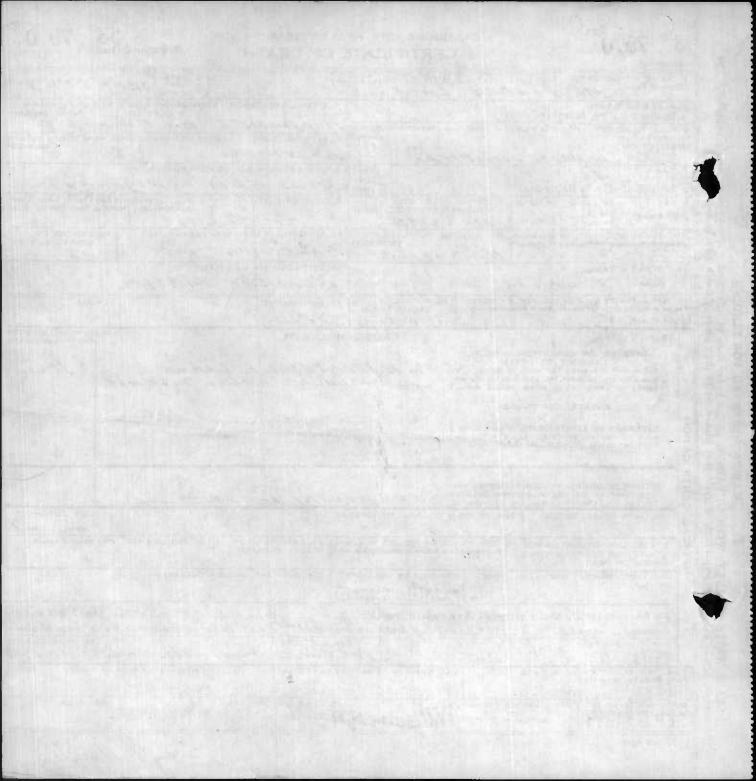
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR THENRY SANDER & SONS. INC. 1 mertinglow

VS 150

1. Bander

20. AUTOPSYT

No X

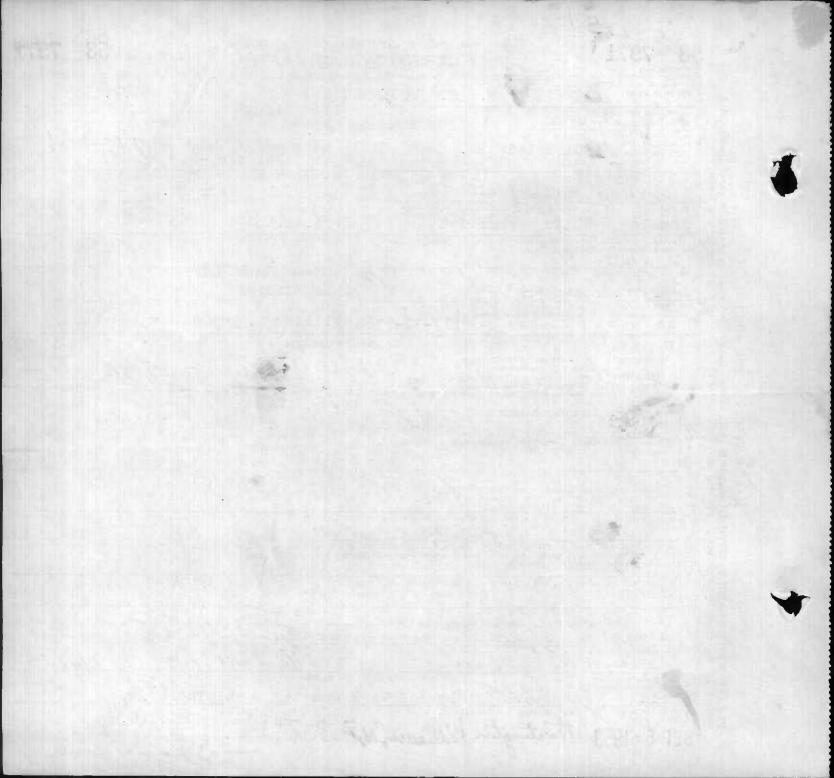


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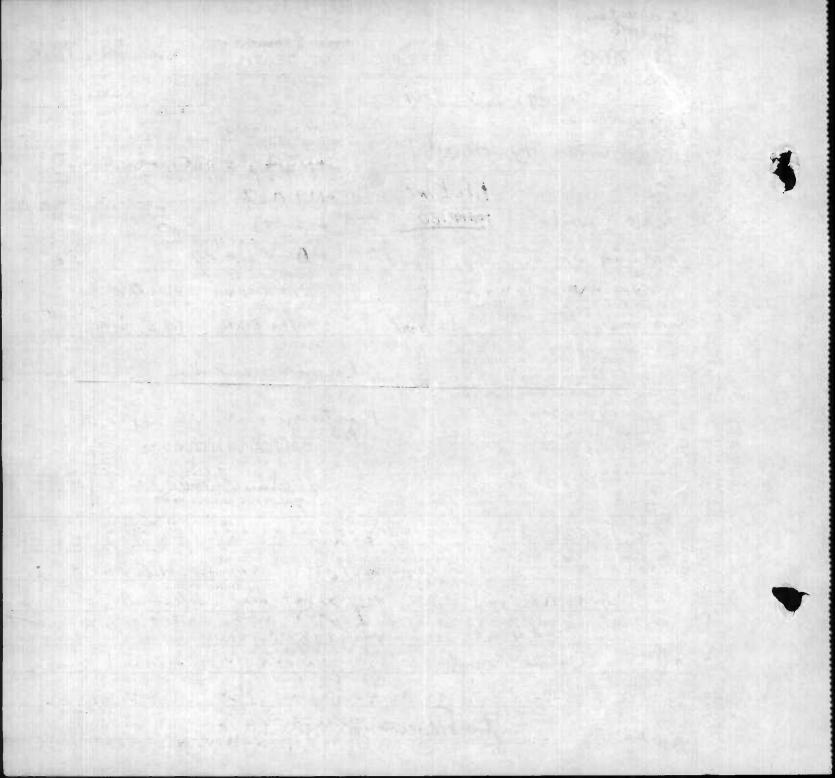
## BALTIMORE CITY HEALTH DEPARTMENT

	ドグ	7971
Registered	NoJO	13/3

DO	RTH NO.	L	CE	RTIFICAT	E OF DEAT	Н	Registered No.23	/3/x
1.	NAME OF D ype or Print)	ECEASED KATHERINE	M. D.	WOCKENF	USS		of Sept.3.195	53
3. A.	PLACE OF D Baltimore (	EATH: City, Maryland			4. USUAL RESID	DENCE (Whe	ere deceased lived. If institution B. COUNTY be	n : residence efore admission)
B. HC	STITUTION			rive street nddress or location)	c. CITY OR TOWN	N (If ou Lmore -	itside corporate initis, write is	U.A. and give (ownship)
			Life	Yrs. Mos.	o. STREET ADDR			
	Length of s	tay in Baltimore		Days	8. DATE OF BIRT	Belair	P. AGE (In years) If Under I Year	Il Under 24 Haurs
-	emale	White	7. SINGLE, MA WIDOWED I Married	DIVORCED (Specify)			last birthday) Months Day	Hours Min.
work	A. USUAL OC done during most Housewi	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	Baltimore			IZEN OF AT COUNTRY?
13	. FATHER'S	NAME		(44)	14. MOTHER'S MA		1E	
-		Kronenberg			Anna Strob	pel		
15 (Yes	. WAS DECEAS , no or unknown) NO	ED EVER IN U.S. ARMEE (lf yes, give war or date	FORCES? 16	security No 7-32-9368	William F		enfuss (Husbar	nd)
CATION	DISEASE RISE TO T	eomplication which cause ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A) YING CONDITION LA	SES F ANY, GIVING STATING THE	(B) GACCO	icina of	brias	f y colon	
CERTIFIC	TO THE	II SNIFICANT CONDITIONS DEATH BUT NOT I	RELATED TO TH					
1	19A. DATE C	OF OPERATION O	9B. CONDITION VAS PERFORME a of fariast	FOR WHICH OF	0		DEATH, ENTER IN	No X
EDICAL	OR CONTRI		NG 218. PLA				in Baltimore City, give exa	et location)
Σ	210. TIME OF INJURY	(Month) (Day) (Year)	WHI	INJURY OCCURRI	LE	וטנאו סום א	RY OCCUR?	
	22. I herel deceased a 234 SIGNA	live on Tyre	tended the dece	eased fromthat death occur	rred at 10 3/11 m 23B. ADDRESS, 2802 Har	, to	, 19, that I causes and on the date	stated above.
TIC	ALCON, REMOVAL (	CREMA- 248, DATE Specify)	//	NAME OF CEMETE	ERY OR CREMATORY		CATION (City, town, or count)	
	urial	Sept.5.	1953   LO	udon Park	Cemetery	BALT:	imore lia.	SS
	CAL REGIST	TRAR H	£ Wi	B 2. Out	25. FUNERAL DII HENRY — SANI		SONS.INC.	HILL
3	VS 150	00	TY V	traction of the	Salti hore	Md.	Bea, A Have	ler
11					No.		y	



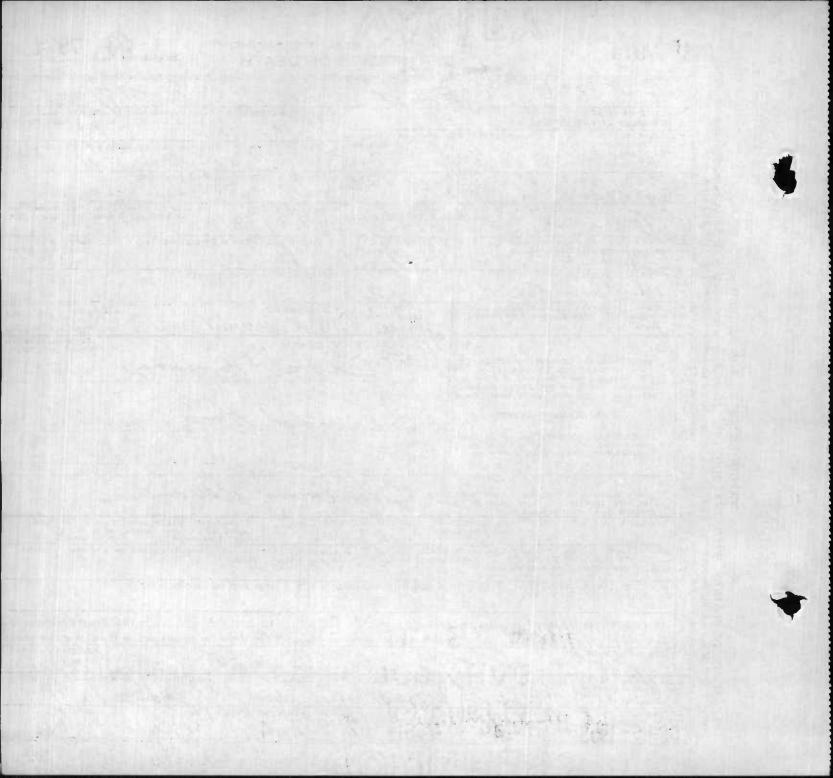
ACE OF DEATH: altimore City, Ma altimore City, Ma plian Name Of (II plian OR inturion Or ength of stay in F  EX 8.COLO USUAL OCCUPATION and during most of or king in altimore City, Ma altimore	aryland f not in hospital of the saltimore OR OR RACE ON (Givekindof)	or institution the state of the	on, give street add local loca	Yrs. Mos. Days	USUAL RESIDE STATE MANY A CITY OR TOWN STREET ADDRESS AT A CONTROL OF BIRTH	(If our	tside corporate	limits, write	tion: residence before admission RURAL and grownsh
ength of stay in Ex  USUAL OCCUPATION  USUAL OCC	Saltimore ON (Givekindof)	or institution the state of the	in give street add look to the	Yrs. Mos. Days	Manyla city or town	(If our	tside corporate	limits, write	RURAL and g
ength of stay in Ex    Sold	Galtimore DR OR RACE 2	Hos/	LIME MARRIED, EDEPHORCED (	Yrs. Mos. Days	+ Devine	Bal ss (If rur	tai, give location	2 Cocin	
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USUAL OCCUPATIOne during most of priking in	OR OR RACE	MARKA	POPORCED (	Days 8.	DATE OF BIRTH	t	- 5	200	
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neduring most of orking li	ON (Give kind of 1 fe, everif retired)	OB. KIND	OF BUSINESS		6-5-73		80	Months D	ays Hours Mi
TATHER'S NAME		CAI		OR 11.	MARY S	tate or forei	yn country)	W	HAT COUNTR
- V2/A	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
WAS DECEASED EVER I	IN IL S ARMED E	ORCES?	16 SOCIAL			ond,	Nacc		
o or unknown) (If yes,	give war or dates of	f service)	SECURITY			une	1811 E.		s salto 18
heart failure, asther injury or complica  ANTECE  DISEASES OR CO RISE TO THE ABOV  UNDERLYING CO	nia, etc. It means tion which caused in which caused in the cause (a) see the cause	the disease sed death.  S  ANY, GIVING TATING THI	(B)	Pin	CERTIFICAT	0	ROVED BY	) mole	) 
TO THE DEATH	BUT NOT REI	LATED TO T.	THE	CU OBER		V			D. AUTOPSY?
4-3-5	3 / WA	S PERFOR	MED Nailia	Ben	WECK OF	AUSE OF	PART II	R IN YE	s No
R CONTRIBUTING	CAUSE OF	about h	PLACE OF INJU ome, ferm, factory, stre	URY (e. g., cet.office bldg.,	in or 21C. WHER of INJURY OF		in Baltimore	Sity, give e	A SE
TIME (Month)	- 1		WHILE AT N	CURRED NOT WHILE	21F. HOW	_	0 0	Bris as	الم مال المس
22. I hereby certif	y that I atter	nded the	deceased from.	Sep	7 . 1 , 1953	, to S	47.4,	955 that	t I last saw
leceased alive on		0 1	and that death	23B.	ADDRESS			23c	e stated abo . DATE SIGNE
BURIAL, CREMA-	24B. DATE			. U.					nty) (Stat
REMOVAL (Specify)	9-7-53		Woodlaw	n Cen	tery	Bal	timore-	- Co.	Md.
AL REGISTRAR	REGISTRAR'S	PLOVATU	Williams	16 25	O Charde			ADDI	RESS
	DISEASE OR CORRECTION OF THE ABOVE UNDERLYING CONTRIBUTING FATH (NOTIFY MED TO TIME (Month) FINJURY A. S.	OF UNKNOWN)  (If yes, give war or dates of the control of the cont	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused death.  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THIS UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITIONS ACCIDENT WAS UNDERLYING 21B. R CONTRIBUTING CAUSE OF REATH (NOTIFY MEDICAL EXAMINER)  1D TIME (Month) (Day) (Year) (Hour) F INJURY  12. I hereby certify that I attended the deceased alive on 19. 0.00  13A. SIGNATURE  BURIAL, CREMA 24B. DATE 24B. DATE REMOVAL (Specify) UT 131  E RECEIVED BY A REGISTRAR'S SIGNATURAL REGISTRAR  VS 150	DISEASE OR CONDITION DIRECTLY  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B)	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DISEASE OR CONDITIONS, if ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERWAS PERFORMED WAS PERFORMED CAUSE OF EATH (NOTIFY MEDICAL EXAMINER)  11A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bidg.  12 I I TIME (Month) (Day) (Year) (Hour) WHICH OPERWAS AT WORK	ANS DECEASED EVER IN U. S. ARMED FORCES? OF UNDOWN!  B. CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASE OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLY:NG CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE ORDITAL CAUSING IT.  9A. DATE OF OPERATION  19 CONDITION FOR WHICH OPERATION WAS PERFORMED  11. ACCIDENT WAS UNDERLYING ABOUT ORDITAL EXAMINER)  12. I hereby certify that I attended the deceased from WORK ATWORK  13. SIGNATURE  14. ACRIBATION  15. SOCIAL SECURITY NO. NOW.  (A) CAUSE OF DEATH  (A) COUSE OF DEATH  (B) DUE TO  CERTIFICATION  (B) DUE TO  CERTIFICATION  (C)  (C)  (D)  CERTIFICATION  (D)  (E)  (E	CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY  (This does not necessary to complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LAST.  (G)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION IF OPERATION (A) SPERFORMED (B) STATING THE DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION (CAUSE OF PART I OR CAUSE OF EATH (NOTIFY MEDICAL EXAMINER)  1D TIME (Month) (Day) (Year) (Hour)  FINJURY  22. I hereby certify that I attended the deceased from Work of Work of Control of	AND DEED OF OPERATION  OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OS. DATE OF OPERATION  A COLORED OF DEATH  OUNDERLY IN U. S. ARMED FORCES:  OTHER SIGNIFICANT CONDITIONS. IF ANY, CIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER SIGNIFICANT CONDITION CAUSING IT.  OTHER CONTRIBUTING TO OPERATION  OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  OTHER CONTRIBUTING WAS UNDERLYING CAUSE OF CATH (NOTIFY MEDICAL EXAMINER)  10. TIME (Month) (Day) (Year) (Hour)  FATH (NOTIFY MEDICAL EXAMINER)  10. TIME (Month) (Day) (Year) (Hour)  TIME (Month) (Day) (Year) (Hour)  PART OF THE ATT ON WHILE ATT ON	B. CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH  IN ON  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IS ANY, GIVING SIRE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  CONTRIBUTIONS  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  9A. DATE OF OPERATION  WAS PERFORMED  ANALOGOPHY WAS UNDERLYING CONDITION FOR WHICH OPERATION  WAS PERFORMED  A. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO



PLEASE correct

VS 150

Registered No 4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) (If rural, give location) evenson If Under 1 Year I Under 24 Hours 9. AGE (in years) last birthday) Months; Days Hours; Min. 12. CITIZEN OF WHAT COUNTRY? USM 6 ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 19 to 5:20 - 9/4, 1953 that I last saw the 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State)



VS 150

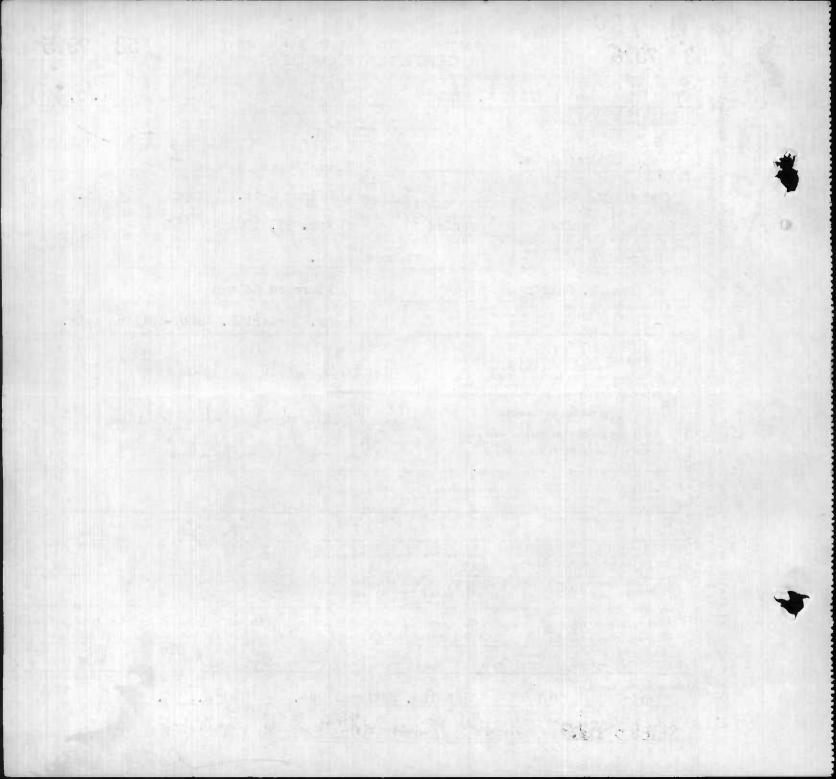
W-/0 3 7978
1. NAME OF E (Type or Print)
3. PLACE OF E A. Baltimore B. FULL NAME HOSPITAL OR INSTITUTION
c. Length of

#### BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

7975

Butto 17, Md.

B	IRTH NO.			OLIVIII 10/11	_ 01 131271		
1	NAME OF D					2. DATE OF	5 1 2 3052
(	Type or Print)	MILDR	ED S. W	EBB		DEATH	Sept. 3, 1953
3	PLACE OF D	EATH:			4. USUAL RESI	DENCE (Where deceased live	ed. If institution: residence Y before admission)
	FULL NAME	City, Maryland	al or institut	ion, give street address or	Md.		11
H	OSPITAL OR	(		location)	C. CITY OR TOV	VN (If outside corporate	inits, write RURAL and give township)
11	NSTITUTION	Gilman Apts.			Baltimor	10	township)
				Yrs.	D. STREET ADD	RESS (If rural, give location	n)
1	Length of s	tay in Baltimore		Mos. Davs	Gilmam A	pts., Calvert &	31 st. St.
	. SEX	6. COLOR OR RACE	7. SINGLE	. MARRIED.	8. DATE OF BIR	THE O ACE I'M YOU	well If Illedge 1 Year   If Hader 24 House
	female	white	WIDOW	ried (Specify)	Apr. 23,	1901   52	) Months Days Hours Min.
		CUPATION (Give kind of working life, even if retired in f		OF BUSINESS OR INDUSTRY at home		E (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S		1		14. MOTHER'S	MAIDEN NAME	
1		m S. Scarff			Florence		
-			D. FOROMET	Lac cociai			
(Y	es, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or dat	os of service)	16, SOCIAL SECURITY NO.	Mr. Herb	ert P. Webb - Gi	lman Apts.
	18. 50	1.0		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	0 1	. A A A A A	_ 11 +	
		LEADING TO DEA	TH	Clent	totalille .	ren Harl	21 mm
	heart failt	ire, asthenia, etc. It me complication which	ans the diseas	e,		404444444444444444444444444444444444444	
	injury or	complication which	caused death	1.) DUE 1D		0 04.01	
1		ANTECEDENT CAU	SES	unh	mus of d	ting Vileno fel	wer 3 yla
RTIFICATION	DISEASE	S OR CONDITIONS,			. /		0
F	UNDERL	THE ABOVE CAUSE (A)	STATING TI AST.	HE OUE TO	mie n	white	2 400
				(C)			
1		H					
1	TO THE	DEATH BUT NOT	RELATED TO	JTING THE			
L L	DISEASE	R CONDITION CAUSIN		TION FOR WHICH O	DEBATION	IF OPERATION WAS RELAT	reo to   20. AUTOPSY?
A			WAS PERFO			CAUSE OF DEATH, ENT	ER IN YES NO
	21A. ACCID	ENT WAS UNDERLY BUTING☐ CAUSE O	ING 21E	home, farm, factory, street, office		HERE DID (If in Baltimore OCCUR?	City, give exact location)
	DEATH (ND	TIFY MEDICAL EXAMIN		2,1000,000	Jung., star.		A STATE OF
` ∥ ∑	21D. TIME	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR	ED 21F. HO	W DID INJURY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHI			
					4.6	46, to Saft 3,	1932, that I last saw the
		by certify that I at	tended the	deceased from	mod at 11 15 6	m from the causes and	on the date stated above.
	23A. SIGNA			and that death occu	23B. ADDRESS	m., from the causes and	1 23c. DATE SIGNED
	23A. SIGINA	Le Jait	m. =	Fratta M.O.	2824	St. Com Lot	AV 4.53
0  -	24A. BURIAL.	CREMA- 248. DATE		24c, NAME OF CEMETE		RY 24D. LOCATION (City,	town, or county) (State)
1	TION, REMOVAL (	Specify)	′2	Balto. Nation		Balto., Md.	
-	Buria.		S'S STGNAT		25 FUNERAL		ADDRESS
	LOCAL REGIS		- dional	WHI WAS HE	JHm.	icknes Y	Long

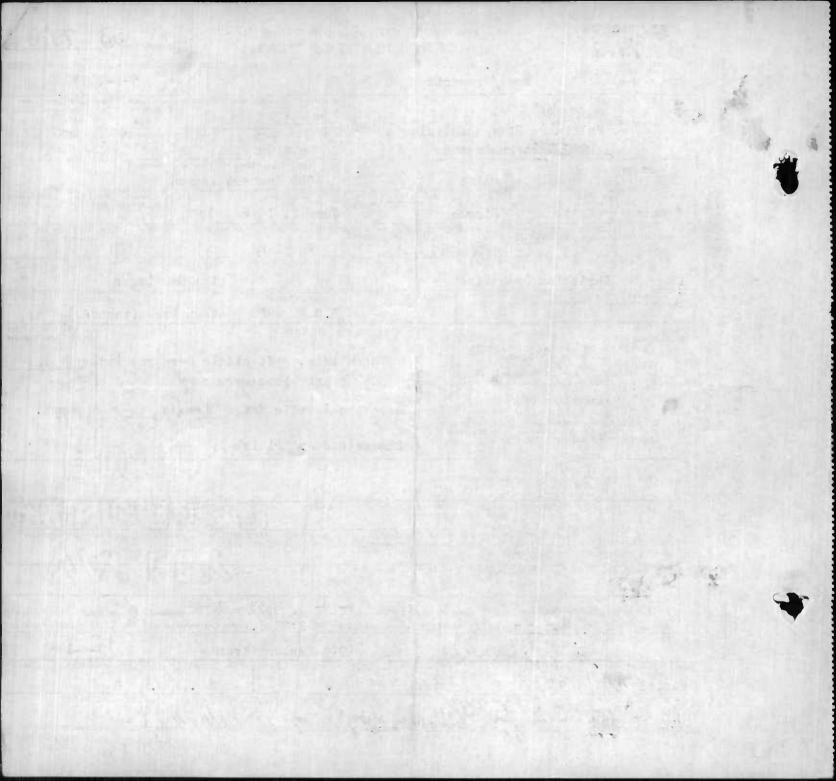


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INLY, WITH UNFADING INK. Every item of information should be carefully supplied. ly important. Physicians: please write the causes of death clearly and legibly.
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Every i
INK.
UNFADING Physicians:
INLY, WITH

## BALTIMORE CITY HEALTH DEPARTMENT

	10	CERTIFICAT	E OF DEATH	Registere	d No	976
1. NAME OF I (Type or Print)	DECEASED	se/Gregorius		2. DATE OF DEATH	-4-1953	
	City, Maryland		4. USUAL RESIDENCE (VA. STATE Maryland			residence ore admission)
HOSPITAL OR	Baltimore C	tal or institution, give street address of ity Hospitals docation		f outside Orporate lin	mits, write ho	RAL and give township)
c. Length of	stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If			
5. SEX Female	6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Single	June 2, 1876	9. AGE (In years last birthday)		Hours Min.
10A. USUAL OF work done during most Nurse	CCUPATION (Give kind o tof working life, even if retired	self employed	11. BIRTHPLACE (State or f	oreign country)	12. CITIZ WHA	EN OF COUNTRY?
13. FATHER'S	NAME		14. MOTHER'S MAIDEN N	AME		
17 1110 5-1-1	Christian Gr		Cather	ine Redding	er	
Yes, no or unknown	SED EVER IN U. S. ARME (If yes, give war or dat	ED FORCES? 16. SOCIAL SECURITY NO.	B.C.H. 4940 East	tern Ave. (:	ADDRESS records)	
Z DISEASE RISE TO UNDERL	ANTECEDENT CAU ES OR CONDITIONS, THE ABOVE CAUSE (A) LYING CONDITION L	(B) Arteri IF ANY, GIVING STATING THE DUE TO	osclerotic Heart	Disease	8	yrs.
0		(c) Rheuma	toid Arthritis	***************************************	8	yrs.
H DISEASE	II IGNIFICANT CONDITIONS OF CONDITION CAUSIN	(C) .Eheuma	toid Arthritis		8	yrs.
TO THE DISEASE	GNIFICANT CONDITIONS E DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION	CONTRIBUTING RELATED TO THE G IT.  19B. CONDITION FOR WHICH C	PPERATION IF OPERA CAUSE ( PART I	ATION WAS RELATED DF DEATH, ENTER OR PART II	D TO 20. A	UTOPSY?
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DISEASE OF STATE OF S	GNIFICANT CONDITIONS:  DEATH BUT NOT  OF OPERATION  OF OPERATION  DENT WAS UNDERLY  BUTING CAUSE O  OTIFY MEDICAL EXAMIN  (Month) (Day) (Year  by certify that I at	CONTRIBUTING RELATED TO THE G IT.  19B. CONDITION FOR WHICH OWAS PERFORMED  (ING   21B. PLACE OF INJURY about home, farm, factory, street, office)  (Kour)   21E. INJURY OCCURF WHILE AT   NOT WH	C. g., in or 21C. WHERE DID INJURY OCCUR?  RED 21F. HOW DID IN.  1LE 25, to 9	STION WAS RELATED DE DEATH. ENTER OR PART II (If in Baltimore Ci	TO 20. All IV YES Lity, give exact	UTOPSY? No location)  ast saw the
DISEASE  19A. DATE  19A. DATE  19A. DATE  19A. DATE  21A. ACCID  OR CONTRI  DEATH (NO  21D. TIME  OF INJURY  22. I here  deceased of  23A. SIGNA	GENIFICANT CONDITIONS  E DEATH BUT NOT  OR CONDITION CAUSIN  OF OPERATION  DENT WAS UNDERLY IBUTING CAUSE O  OTHER MEDICAL EXAMIN  (Month) (Day) (Year  by certify that I at  alive on 9 - 4 -  ATURE	CONTRIBUTING RELATED TO THE GIT.  198. CONDITION FOR WHICH COWAS PERFORMED  VING 218. PLACE OF INJURY about home, farm, factory, atreet, office atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, atreet, office at the factory, attention at the factory, attention at the factory, attention at the factory, at	C. g., in or 21c. WHERE DID INJURY OCCUR?  RED 21F. HOW DID INJURY  6-9-, 1953, to 9  urred at 2:37 R. from to 23B. ADDRESS 4940 Eastern Aven	JURY OCCUR?  the causes and or	o to 20. All In yes Lity, give exact 1 le the date st 23c. DA	location)  ast saw the ated above. TE SIGNED
DISEASE  19A. DATE  19A. ACCID  19A. TIME  19A. TIME  19A. TIME  19A. DATE  19A. ACCID  19A.	GENTE CONDITIONS  DEATH BUT NOT  OR CONDITION CAUSIN  OF OPERATION  DENT WAS UNDERLY IBUTING CAUSE O  OTHER MEDICAL EXAMIN  (Month) (Day) (Year  by certify that I at  alive on 9 - 4 -  ATURE  CREMA: 248. DATE  (Specify)  9/0/53	CONTRIBUTING RELATED TO THE GIT.  19B. CONDITION FOR WHICH COWAS PERFORMED  VING 21B. PLACE OF INJURY F about home, farm, factory, atreet, officer)  (Kour) 21E. INJURY OCCURF WHILE AT NOT WH WORK AT WO  Letended the deceased from 1953 and that death occur 24c. NAME OF CEMET Loudon Park (	Ce. g., in or cause part i cobldg., etc.)  (c. g., in or bidg., etc.)  (c. g., in or bidg., etc.)  (c. g., in or bidg., etc.)  (c. g., in or part i cause part i	JURY OCCUR?  the causes and or	o To 20. Al III YES Lity, give exact to the date st 23c, DA 9-1-1 wn, or county)	location)  ast saw the sated above. TE SIGNED  (State)
DISEASE  19A. DATE  19A. DISEASE  19A. ACCID  19A. DATE   GENTE CONDITIONS  DEATH BUT NOT  OR CONDITION CAUSIN  OF OPERATION  DENT WAS UNDERLY IBUTING CAUSE O  OTHER MEDICAL EXAMIN  (Month) (Day) (Year  by certify that I at  alive on 9 - 4 -  ATURE  CREMA: 248. DATE  (Specify)  9/0/53	CONTRIBUTING RELATED TO THE G IT.  19B. CONDITION FOR WHICH COWAS PERFORMED  (ING 21B. PLACE OF INJURY about home, farm, factory, street, office)  (Hour) 21E. INJURY OCCURF WHILE AT NOT WHAT WORK  (tended the deceased from the control of the control occurs)  24C. NAME OF CEMET	Ce. e., in or classe of part 1.  (c. e., in or bidg., etc.)  RED 21F. HOW DID IN.  11E 21F. HOW DID IN.  12F. HOW DID IN	JURY OCCUR?  The causes and or ue	o to 20. All In yes Lity, give exact 1 le the date st 23c. DA	location)  ast saw the sated above. TE SIGNED  (State)	





23A. SIGNATURE

248 DATE

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

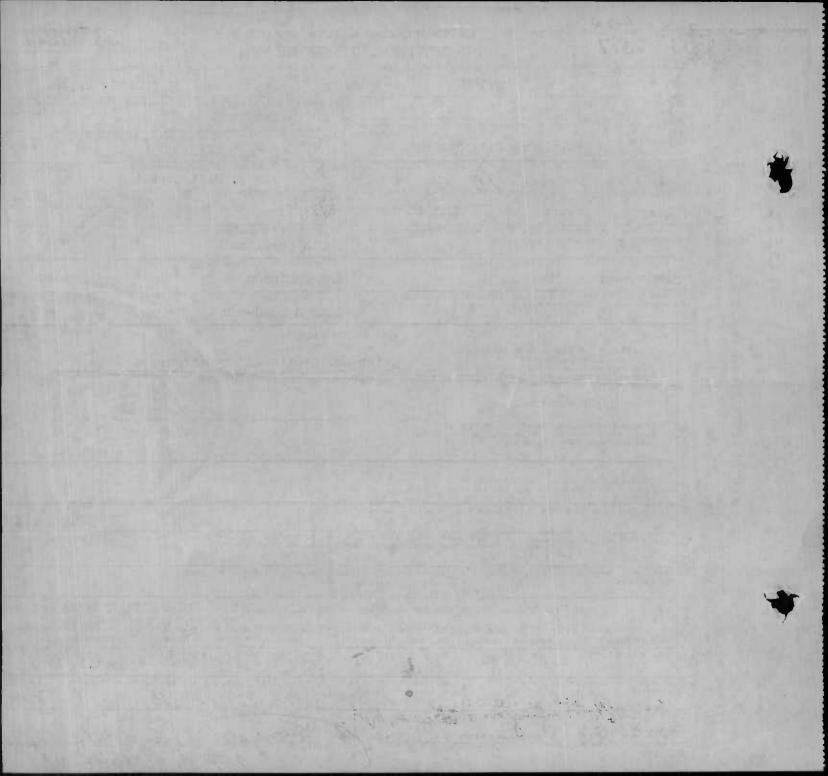
LOCAL REGISTRAB

V S 151

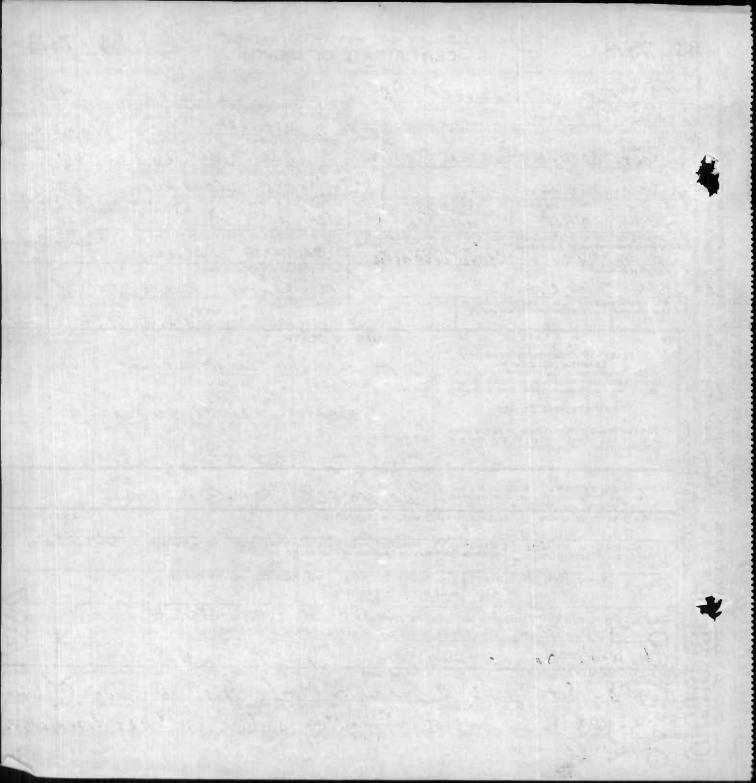
R-300 53 7977	BALTIMORE CITY HE		Registered .	3 7977
1. NAME OF DECEASED (Type or Print) MA	RION REEL	)	2. DATE OF Sept	t. 1, 1953
S. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (V	Where deceased lived, If B. COUNTY	f institution : residence before #dmission
B. FULL NAME OF (not in hospital or INSTITUTION Baltimore C	or institution, give street address or location) Lity Morgue		outside corporate limi	townto KULARL and giv
c. Length of stay in Baltimore	12 month Mos. Days		rural, give location) Lst Street	
Male   6.COLOR OR RACE   7	SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	4/17/93		If Under 1 Year on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10 mork done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for South Carolina	preign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Sandy Reed		14. MOTHER'S MAIDEN N. Ann Robinson	AME	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give wer or dates of	ORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Ranson Reed-son	329 8	ADDRESS
DISEASE OR CONDITION DIL LEADING TO DEATH (This does not mean the mode of of heart failure, asthenia, etc. It means injury or complication which cause  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NO	dying, e. g., the disease, sed death.)  Carc Carc Carc Carc Carc Carc Carc Carc	of DEATH esclerotic and hypiovascular diseas	pertensive	INTERVAL BETWEE
TO THE DISEASE OR CONDITION CA	MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
	21B. PLACE OF INJURY (e. g., in shout home, farm, fuctory, street, office bldg., e		f in Baltimore City,	give exact location)
Z 1D. TIME (Month) (Day) (Year) (HOF INJURY	Our) 21E. INJURY OCCURRE WHILE AT NOT WHILE AT WORK AT WORK	21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge	e of the remains described a	bove, held an inspec. Autopsy,	tion & inquir	ry thereon and from

24c. NAME OF CEMETERY

INTERVAL BETWEEN ONSET AND DEATH sive 20. AUTOPSY? YES ore City, give exact location) inquiry thereon and from r Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses E, accident \( \Bar{}\), suicide \( \Bar{}\), homicide \( \Bar{}\), undetermined \( \Bar{}\). 23B. CHIEF MEDICAL EXAMINER.
ASSISTANT MEDICAL EXAMINER.
MEDICAL INVESTIGATOR...... Sept.1, 1953 24D. LOCATION (City, town, or county) (State) ADDRESS

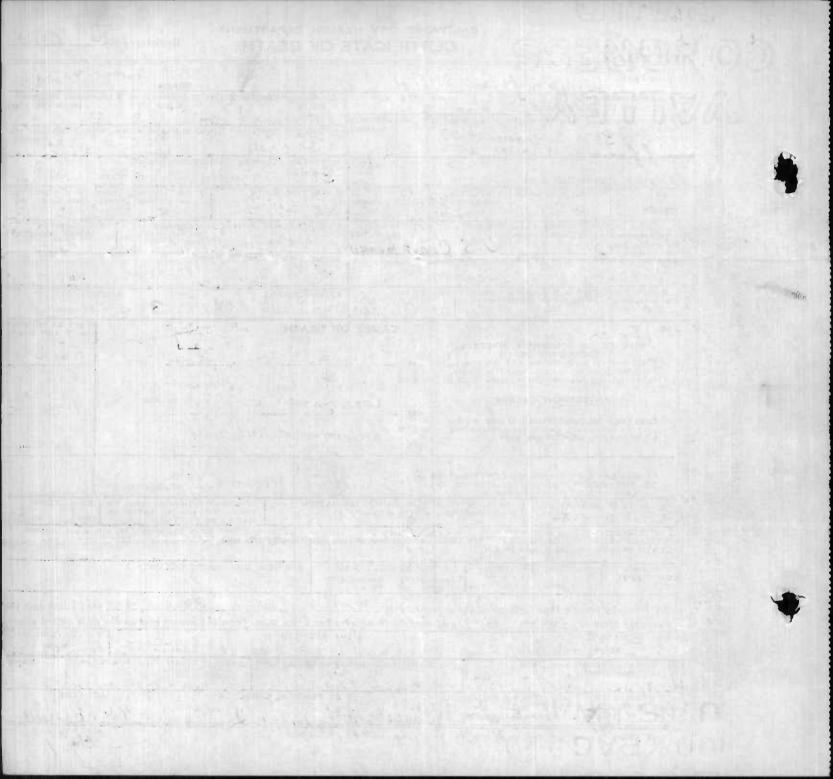


	T145V		
	137 70178	E OF DEATH Registered No.	7978
pe	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.	
F	1. NAME OF DECEASED	2. DATE	
ė	(Type or Print) FRANK M. TO LODZ IECKI SR	OF DEATH SEPT.	2, 1953
y supplied	3. PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If inst	itution : residence
dr	A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address or	A. STATE MARY LAND ANNE A	before admission
20	HOSPITAL OR location)		rite RURAL and give
£\	SOUTH BALTIMORE GENERAL HOSPITAL	BALTIMORE SURUR	R A n township
9-	Yrs.	D. STREET ADDRESS (If rural, give location)	5250
Caref	c. Length of stay in Baltimore Life Mos. Days	BELLE GROVE ROAD	#25-
(D)	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years Il Unde	Year If Under 24 Hours
and bu	MALE WHITE WIDOWED, DIVORCED (Specify)	SEPT. 24 1904 48	Days Hours Min.
on should clearly a	10A. USUAL OCCUPATION (Givekinder) 10B. KIND OF BUSINESS OR		CITIZEN OF
	work done during most of working life, even if retired)  7/2 EMP/04 GD	BALTIMORE, MARGLAND	WHAT COUNTRY
tio h	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	, ,
information s of death cl	JOHN TOLOUZIECKI	MAGDALENE KOLODIESK	1
of d	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	17. INFORMANT ADDR	
in s	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Florence L. Tolodziecki &	-6.41 D. 1 5000
y item of i	to detail cause	OF DEATH	INTERVAL BETYEEN
Every item vrite the cau	DISEASE OR CONDITION DIRECTLY		DNSET AND DEATH
y if	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	en fea sive CAR DIOVASCULAR	years
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	63A8 E	
Ever			
	ANTECEDENT CAUSES	TERIOSCLEROSIS, GENCERAL	-
INK.	DISEASES OR CONDITIONS, IF ANY, GIVING	······································	***************************************
5	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
N. S.	<u>U</u>		***************************************
UNFADING INK. Physicians: please	OTHER SIGNIFICANT CONDITIONS CON-		
N. S.	HI TRIBUTING TO THE DEATH, BUT NOT RELATED	VEC'S (PORTAL) CIRRHOSIS	-
54	TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?
t H	198. MAJOR PHODINGS OF OPER	NATION .	YES NO
LY, WITH important.	21A. ACCIDENT WAS UNDER.   21B. PLACE OF INJURY (e.g.,		
. 0	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	,etc.) INJURY OCCUR?	
NLY imp	210. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	RED 21F. HOW DID INJURY OCCUR?	
Z	OF INJURY WHILE AT NOT WHILE		
3	m.   work L AT WORK		
Dec D	22. I hereby certify that I attended the deceased from AU		
esp		erred at S. A. m., from the causes and on the	ac. DATE SIGNED
VR	A DILE SOLITION OF THE WAY	1203 Lieht #	.50. 5/112 5/01425
PLEASE WRITE correct age is est	24x. BURIAL, CREMA- 24B. DATE 24c. NAME CEMET	ERY OR CREMATORY   240 LOCATION (City, town, or	county) (State)
ASI et	TION-REMOVAL (Specify) S. 7 19573 ( )	1 Man Ly Dy x Ap	C. Min
PLEAS	DATE RECEIVED BY   REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	DDRESS
PI	LOCAL REGISTRAR	Good Ja Gonce 4001k	7
	DEL 2 - 12 1 Imment and 1 Imment and	Capito Conce 10014	1/6/16/160
	VS 150	4 1/	
	5/3	27	



BALTIMORE	CITY	HEALTH	DEPARTMENT
CERTI	FICA	TE OF	DEATH

15	3	RTH 17978	}		CERTIFICATI	E OF DEATI	- Registere	d No.
	(T)	NAME OF Di	111.112- 1	dyar	SMITH		2. DATE OF DEATH	tomber 2,1953
	3. A.	Baltimore C	EATH: lity, Maryland	795 S. Zme	HANOVER ST.  2.5  ion, give street address or	A. STATE	NCE (Where deceased lived B. COUNTY	
	HOIN	SPITAL OR STITUTION	8935 S. Hand Baltino	over SY.	iocation)		(If outside corporate li	mits, write RURAI and give township)
legibly.	c.	Length of st	ay in Baltimore	5	O (Yrs.) Mos. Days		SS (If rural, give location)	Zne 25
and	5.	sex male	6. COLOR OR RACE	WIDOW	MARRIED VED, DIVORCED (Specify)	8. DATE OF BIRTH	lest hirthday)	Months: Days Hours Min.
death clearly a	rork		CUPATION (Give kind of f working life, even if retired)	10B. KIND		11. BIRT. IPLACE (S	tate or foreign country) e, Marsland	12. CITIZEN OF WHAT COUNTRY!
leath o		. FATHER'S N		- Fyl45		14. MOTHER'S MA		2
of	15 (Yes	WAS DECEASE , no cr unknown)	D EVER IN U. S. ARME (If yos, give war or date	D FORCES?	16. SOCIAL SECURITY NO. 2/6 · 05. 9343	17. INFORMANT	E. Smith 393	ADDRESS  6 S. Manover 87.
cau		18. 154	X I	DIRECTIV	CAUSE	OF DEATH		INTERVAL BETWEEN
45		(This does heart failu	LEADING TO DEA' not menn the mode ore, asthenia, etc. It mes	TH of dying, e. g ans the diseas	, , , , , , , , , , , , , , , , , , , ,	*******************************		5 months
write			complication which of ANTECEDENT CAUS		.) DUE TO	inomatusis a	Peri-violeral Librars	1000
ples	CATION	RISE TO T	OR CONDITIONS, PHE ABOVE CAUSE (A)	STATING TH	(E) DUE TO Carci	noma of Re	etom	1944-
hysici	ERTIFIC	TO THE	II NIFICANT CONDITIONS DEATH BUT NOT R CONDITION CAUSING	RELATED TO		eterni Fib	rusis. Combibilin	
4	CALC	OSopt. 2	4,1952 V	VAS PERFO		Rectum	F OPERATION WAS RELATED TO THE PART I OR PART II	R IN YES NO NO
計	EDIC	OR CONTRIE	INT WAS UNDERLY UTING CAUSE OF THE MEDICAL EXAMINE	about	PLACE OF INJURY (home, farm, factory, street, office	e.g., in or 21c. WHEF	E DID (If in Baltimore CCUR?	ity, give exact location)
ecially im	2	21D. TIME ( OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK NT WOR		DID INJURY OCCUR?	
especia		22. I hereb	y certify that I at ive on September 1	tended the	deceased from m and that death occur	rred at 6:00 p.m.		953, that I last saw the n the date stated above.
ye is		23A. SIGNAT	ing Schenli	5	M. D.	2 E. Read	St. Balto 2, 10	Sent. 2, 1953
्र ल	TK	AA. BURIAL CON. REMOVAL (S	pecify)	1953	4	PARICEMATORY	BALTIMO, ECTOR	1.
correct	5	EP 5-	BY REGISTRAR	S SIGNATI	Williams &	25. FUNERAL DIR		400   Risepie
		VS 150	19 1- 3	Atte 2, 19	so peniviled	fibres ?		Howy.



K-	145
53 BIRTH NO	7980

VS 150

# BALTIMORE CITY HEALTH DEPARTMENT

Registered	783	7980

	RTH NO.	31)		CERTIFICATI	OF DEAT		
1. (Ty	NAME OF D pe or Print)		7 7	79		2. DATE OF Go	-1 4 7057
3.1	PLACE OF D	EATH:		Coppleman		NCE (Where deceased fived	
	Baltimore (	City, Maryland Ba		on, give street address or	A. STATE Md.	B. COUNTY	before admission)
HO	SPITAL OR			location)	C. CITY OR TOWN		mits, write RURAL and give
0	0.	109 E. Chur	chill	St.		imore City (If rural, give location)	
] c. ]	Length of s	tay in Baltimore	Life	Mos. Days		hurchill St.	
5. 5	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED, ZED, DIVORCED (Specify)	B. DATE OF BIRTH	9. AGE (in years last birthday)	Months Days Hours Min.
	Male	White		VED DIVORCED (Specify)	1/6/1874	13	
work	done during most o	CUPATION (Give kind of of working life, even if retired)	10B. KINI	OF BUSINESS OR INDUSTRY		State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Labore				Baltimore	IDEN NAME	U.S.A.
		Koppleman			Unkn		
15.	WAS DECEASE	ED EVER IN U. S. ARMEI	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(100	no or unknown)	(If you, give war or date	E OI BERVICE)	SECURITY NO.	Beatrice E	eardmore 3617	Fairhaven
RTIFICATION	(This does heart failus injury or DISEASE RISE TO TUNDERLY	LEADING TO DEA's not mean the mode of the asthenia, etc. It mes complication which antecedent Causes of Conditions, I he above cause (A) ying condition Last Condition Last Condition Condition Condition Last Condition	TH of dying, e.; ans the disease caused death SES F ANY, GIVII STATING TI STATIONS COI	(B)	etval He	a	onset and death
8	TO THE D	ISEASE OR CONDITION	CAUSING		ATION		20, AUTOPSY?
AL	ISA. DATE	OF OPERATION O	SB. WAJOR	TINDINGS OF OFER			YES NO
1EDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	21s. PL. about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	a or 21C. WHERE E	OID (If in Baltimore Cit R?	ty, give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year	) (Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK		INJURY OCCUR7	
	22. I hereb	y certify that I at	tended the	woodwood ji on	ug 29, 195		3 3that I last saw the
	deceased a	live on July 3	_, 1963.	and that death occur		, from the causes and o	n the date stated above.
	23A. SIGNA	(S) M	helite	M.D.	3B. ADDRESS	llan Y	23c. DATE SIGNED
	A. BURIAL, N. REMOVAL (S	CREMA- 24B. DATE Specify)		24c. NAME OF CEMETE	RY OR CREMATORY		own, or county) (State)
	urial	9/7/IS	-	Holy Cross	25. FUNERAL DIF	A.A.Co. Md.	ADDRESS
	SEP 5-	RAR Huntin	store !	Vellenia, Als		eming I426 L:	
[]	VE 150	1333	No.				

ACTION TO THE REAL PROPERTY. THE REPORT OF THE PARTY OF THE 

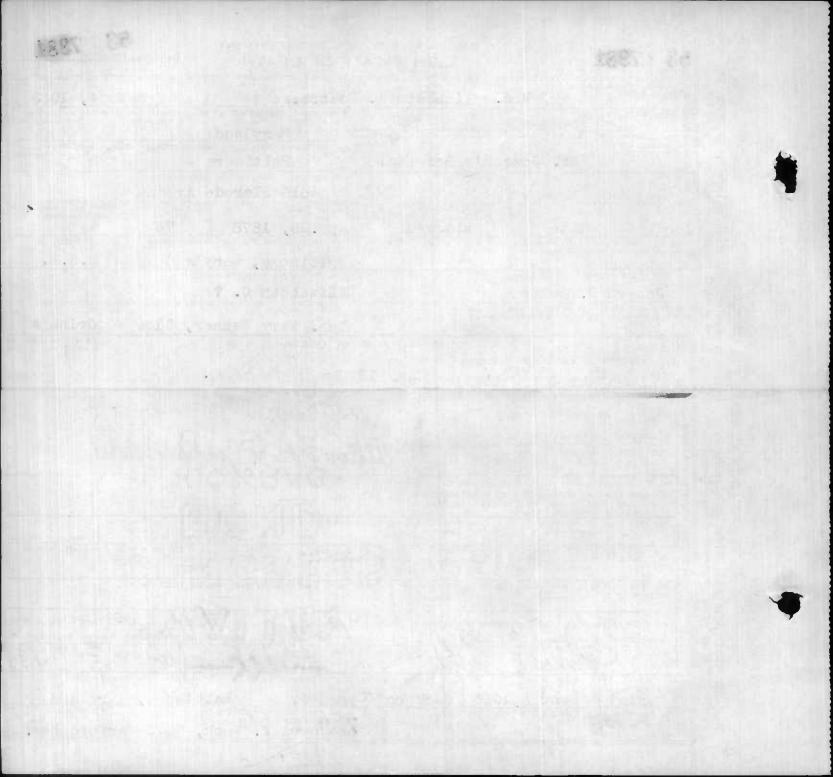
#### BALTIMORE CITY HEALTH DEPARTMENT

53 7004

5305 Harford Road

53 7981 BIRTH NO.	CERTIFICAT	E OF DEATH	Registered N	No. 1964
(Type or Print)	Elizabeth A. S	Seabreeze	2. DATE OF DEATH Sept	t 4, 1953
3. PLACE OF DEATH:  A. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	
HOSPITAL OR	r institution, give street address of location has hospital	c. CITY OR TOWN Baltimo	(If outside corporate limit	s, write RURAL and give
c. Length of stay in Baltimore	Yrs. Mos. Days	d. STREET ADDRESS (		
5. SEX   6. COLOR OR RACE   7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Widowed	8. DATE OF BIRTH Apr. 23, 1878		Under I Year If Under 24 Hours on the Days Hours Min.
10A. USUAL OCCUPATION (Give kind of to work done during most of working life, even if retired)  at home	DB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY U.S.A.
Joseph J. Baier	er had Fruits	14. MOTHER'S MAIDEN Elizabeth C.	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no or unknown) (If yes, give war or dates of	DRCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS Oodring &
DISEASE OR CONDITION DIE LEADING TO DEATH (This does not mean the mode of d heart failure, asthenia, etc. It means to injury or complication which caused and the second s	11, 0111110	nam thumbor myo Candial S mosclufic C	so: lith Infact. ardio Vaen	Suddin Lu
UNDERLYING CONDITION LAST.  UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IT	ATED TO THE			
19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH C	CAUSE PART	RATION WAS RELATED TO F DEATH. ENTER I OR PART II	YES NO
0 11.11 5 = 1 = 11 = = = =	218. PLACE OF INJURY about home, farm, factory, street, office			give exact location)
	Dur) 21E. INJURY OCCURE WHILE AT NOT WH MORK AT WO	ILE	NJURY OCCUR?	
	ded the deceased from 1953 and that death occu	rred at m., fron	the causes and on t	\$\frac{2}{3}\that I last saw the he date stated above
23A. SIGNATURE	White M.D.	3214 Ha	and ad.	5 SUNT 53
24A. BURIAL. CREMA: 24B. DATE TION, REMOVAL (Specify) Burial Sept 8,19	24c. NAME OF CEMET	ERY OR CREMATORY 24D	. LOCATION (City, town	, or county) (State)

VS 150



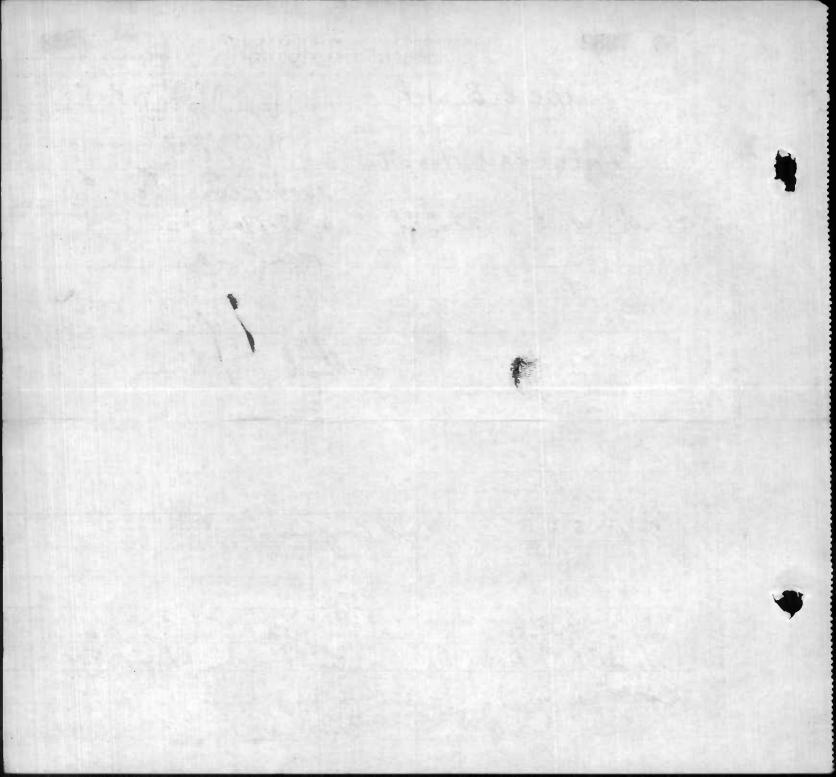
3-2-20

#### BALTIMORE CITY HEALTH DEPARTMENT

53 7982

The	EIRTH NO.	CERTIFICATE OF DEAT	H AND THE STATE OF
	1. NAME OF DECEASED (Type or Print) Louise E. B	weick	2. DATE OF G. J. C.
carefully supplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDI	ENCE (Where deceased lived. If institution: residence before admission)
dns		ution, give street address or logation) G. CITY OR TOWN	(If Jutside corporate limits, write RUKAL and give
ully y.	Lutheran	Hospital	alternare 27 - otomoship)
aref		Yrs. Mos. D. STREET ADDRI	ESS (If fural, give location)
ıld be careful and legibly.		Days   3304	
should arly ar	remall white M	WED, DIVORCAD (Specify) 6-28-/	903 last birthday) Months Days Hours Min.
	work done during mes of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
NDING information of death cl	13 FATHER'S NAME	14 MOTHER'S TA	IDEN NAME)
ING ormatio death	15 Was deceased Ever In U. S. ARMED FORCES?	à melie	I hom
	(Yes, nd or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. INFORMANT	C Business 3304
4.5	No. 203X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
FO ite	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying, e		Moeloma 4 month
	heart failure, asthenia, etc. It means the disc injury or complication which caused dea	ease,	
02 5	ANTECEDENT CAUSES		
RESEI INK.	DISEASES OR CONDITIONS, IF ANY, GIVER IN THE ABOVE CAUSE (A) STATING		2
ING ING INS:	■ CHOCKETHO CONDITION CAST.	(C)	
MARGIN UNFADING Physicians:	F OTHER SIGNIFICANT CONDITIONS CONTRIL	BIITING	
UNI	OISEASE OR CONDITION CAUSING IT.	то тне	
WITH tant.	198, CON WAS PERF	ORMED	IF OPERATION WAS RELATED TO 20. AUTOPSY? CAUSE OF OEATH, ENTER IN YES NO
ILY, WITH	O OR CONTRIBUTING CAUSE OF abo		RE DID (If in Baltimore City, give exact location)
ILY, imp	210 TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW	DID INJURY OCCUR?
PLAINLY ecially imp	OF INJURY m.	WHILE AT NOT WHILE WORK AT WORK	
	22. I hereby certify that I attended th	O.IFA	, to 9-4-53, 19 , that I last saw the
WRITE e is esp	deceased alive on 19	and that death occurred at 14 Am.	, from the causes and on the date stated above.
no.	24A BURIAL, CREMA- 24B. DATE	M. D. LANGE OF CEMETERY OR CREMATORY	240 DOCATION (Uty, town, of county) (State)
	TION REMOVAL (Specify)	A A A A	12 04 40.
S.A.s	Lurial Joho 1700	Waltemore lem.	Halto no
PLEASE correct a	DATE RECEIVED BY REGISTRAR'S SIGNAL LOCAL REGISTRAR,	TURE 25 DUNERAL DIR	ADDRESS ADDRESS SO. Harland

VS 150



#### BALTIMORE CITY HEALTH DEPARTMENT

-0 5000

53	383

The	<b>りょ / すめ</b> り BIRTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No
CHALLET	1. NAME OF DECEASED	ry Foxx Harris		2. DATE OF DEATH Sep	t 5, 1953
plie	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE A. STATE		
carefully supplied. egibly.	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	nstitution, give street address or location)	Marylar c. CITY OR TOWN	nd (If outside corporate limit	s, write RURAL and give township)
efull	3404 White	Avenue Yrs.	Baltimo		44
care	c. Length of stay in Baltimore	Mos. Days	3404 White A		
should be carefu	W W	INGLE, MARRIED, IDOWED, DIVORCED (Specify) Married		last birthday) Me	Under 1 Year If Under 24 Hours on the Days Hours Min.
NG rmation shoul death clearly	10A. USUAL OCCUPATION (Givekinder) 10B	KIND OF BUSINESS OR	Mar. 21, 1880	r foreign country)	12. CITIZEN OF
n si	ork done during most of working life, even if retired) at home	INDUSTRY	Kent County,	Maryland	U.S.A.
NDING information s of death cle	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
NG dea	James B. Foxx		Annie Pennel	.1	
R BINDING	15. WAS DECEASED EVER IN U. S. ARMED FOR Yes, no or nnknown) (If yes, give war or dates of ser	CES?   16. SOCIAL vice)   SECURITY NO.	17. INFORMANT		DDRESS
BIN of j			Mr. John W. F	arris,3404	White Ave.
GIN RESERVED ING INK. Every	heart failure, asthenia, etc. It means the injury or complication which caused  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	death.) DUE TO CATE	rioscleration in Cerebral	heart de degemetis 49'	ive S
MARGIN R UNFADING Physicians: p	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.		nal wreming	Lousning	
lee!	19A. DATE OF OPERATION   198. C	CONDITION FOR WHICH OF	CAUSE	OF DEATH, ENTER	
VLY, WITH important.	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	218. PLACE OF INJURY (about home, farm, factory, street, office	(e. g., In or 21C. WHERE DI	O (If in Baltimore City,	give exact location)
TE PLAINLY, especially impo	21D TIME (Month) (Day) (Year) (House OF INJURY	m. WHILE AT NOT WHILE AT WORK AT WOR	LE	INJURY OCCUR?	
PL	22. I hereby certify that I attende	d the deceased from au	4 28 , 1953, tos	Sept. 5, 195	3 that I last saw the
TE	deceased alive on 2. 5, 19.	53, and that death occi-	fred at 1.50 ftm., from	n the causes and on t	
WRITE se is esp	234 SIGNATURE CARLOL	M. D. 4	1706 Harfa	rd Road-14	Bett. S. 1953
ASE ct ag	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) Burial Sept 8, 195		eme berv		Maryland
PLEASE W	DATE RECEIVED BY REGISTRAR'S SULLOCAL REGISTRAR		FUNERAL DIRECTO	tuck	ADDRESS rford Road

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TA DIET S. WEST STREET

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BIRTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No
1. NAME OF DECEASED	c. Ernest C. Mitch	nell	2. DATE OF DEATH Sept	. 4. 1953
3. PLACE OF DEATH: A. Baltimore City, Maryland			E (Where deceased lived, If	
B. FULL NAME OF (If not in hospit HOSPITAL OR	tal or institution, give street address or location outhern Avenue		(If outside corporate limit	s, write RURAL and give township)
	Yrs. Mos.		(If rural, give location)	
c. Length of stay in Baltimore  5. SEX   6. COLOR OR RACE	Days  1 7. SINGLE, MARRIED.	8. DATE OF BIRTH	O ACE (In seaned)	f Under 1 Year   If Under 24 Hours
male white	widowed Divorced (Specify married	Sept 7, 1878	B last birthday) Mo	onths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Chief Eng.	J.S. Young Co	Salisbury, I		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Dyewiod (m)	14. MOTHER'S MAIDE	N NAME	
15 WAS DESCRIPTION OF THE PROPERTY OF THE PROP		Sarah White		
(Yes, ac or unknown) (If yes, give war or date	on of service)  16. SOCIAL SECURITY NO. 212-0-3851	Mrs. Mary S.	. Mitchell, 25	DDRESS 10 Southern
Injury or complication which ANTECEDENT CAUSTON ANT	SES  IF ANY, GIVING STATING THE DUE TO	adio-Vusc	es. Nav-Penal Scluvus	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSIN	RELATED TO THE			
19A. DATE OF OPERATION	198. CONDITION FOR WHICH O	CAU	PERATION WAS RELATED SE OF DEATH, ENTER	
U 21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (NOTIFY MEDICAL EXAMIN	F about home, farm, factory, street, offic	(e. g., in or 21C. WHERE 1	OID (If in Baltimore City,	give exact location)
21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE O DEATH (NOTIFY MEDICAL EXAMIN) 21D TIME (Month) (Day) (Year OF INJURY)  22. I hereby certify that I at deceased alive on left 4	) (Hour) 21E. INJURY OCCURR  WHILE AT NOT WH WORK AT WOS	ILE	INJURY OCCUR?	
22. I hereby certify that I at	tended the deceased from	pt / , 1953, t		that I last saw the
deceased alive on Lept 4	1953, and that death occu		om the causes and on t	
24A BURIAL, CREMA- 24B. DATE	INTE M. D.	23B. ADDRESS	who de	23c. DATE SIGNED
24A BURIAL CREMA- 24B. DATE TION, REMOVAL (Specify) Burial Sept 8	, 1953 Parkwood C		Baltimore, M	or county) (State)

Dr. White 5214 Harford Road 6-8

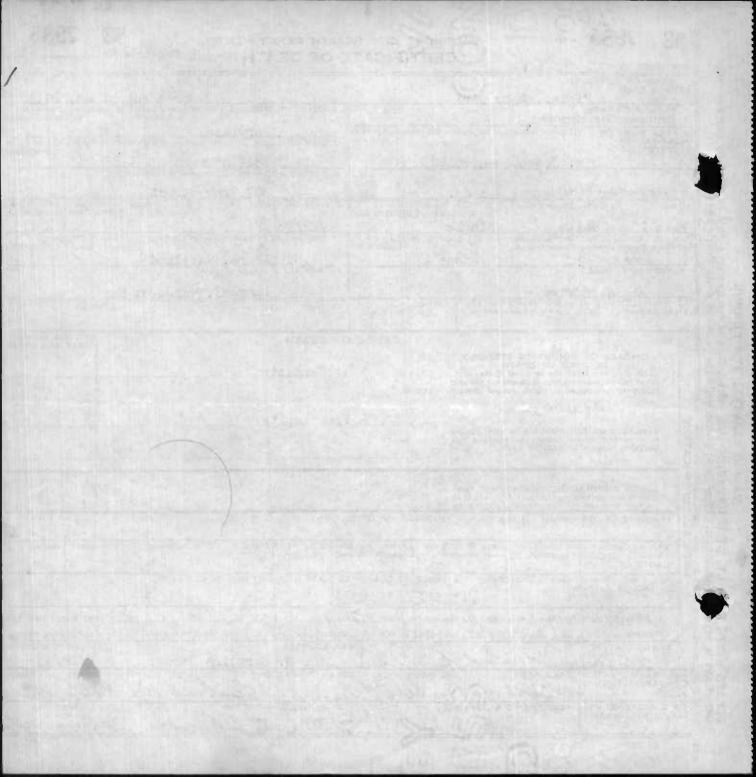
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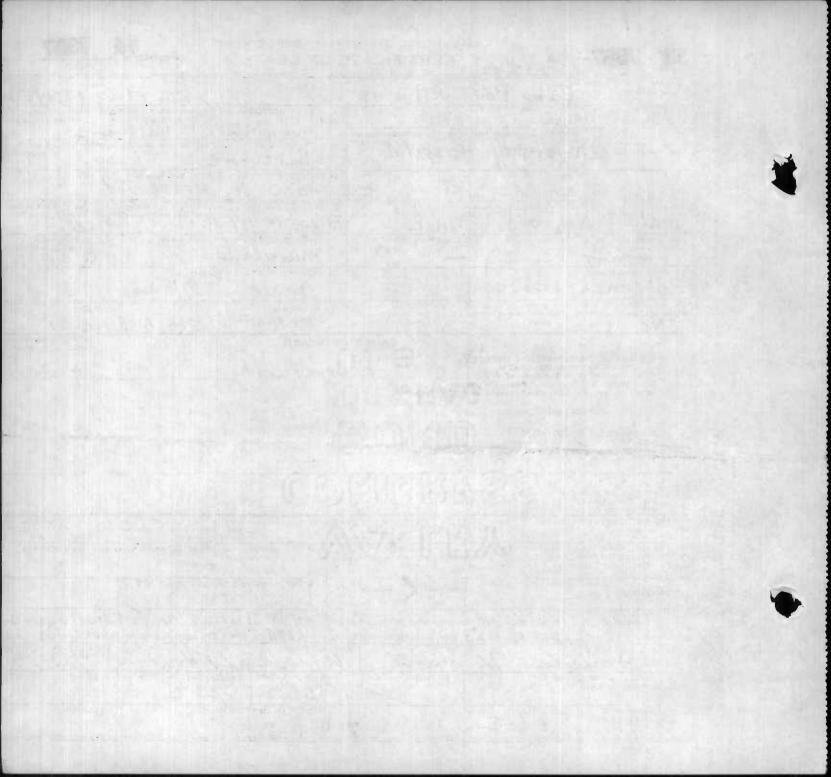
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MARGIN RESERVED FOR BINDING	PLEASE WRITE W. INLY, WITH UNFADING INK. Every item of information should be confully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and '
KESE	INK.
MAKGIN	UNFADING Physicians:
	NLY, WITH important.
	age is espea
	PLEAS

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	53 7985	BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT	53 Registered No.	
BIRTH NO. ) 2 20 3 8 1 1. NAME OF DECEASED   2. DATE					
	Type or Print) Figiel. Ba	hy Girl		OF DEATH August	28 1053
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If ins	titution: residence before admission)
В.	FULL NAME OF (If not in hospit		Maryland	d	
	OSPITAL OR ISTITUTION	Iocation)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give		
ļ.,	St. Joseph	's Hospital	Baltimore 24 4 0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
	Length of stay in Baltimore	1 da. Mos.	307 Drew Street		
	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		er I Year   If Under 24 Hours
E	emale White	WIDOWED, DIVORCED (Specify) Single	8/28/53	last birthday) Month	2 15
10	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)		11. BIRTHPLACE (State or for	reign country)   12	CITIZEN OF
	None	None	Baltimore, h	Maryland	
'	B. FATHER'S NAME		14. MOTHER'S MAIDEN NA	···	
1	Figiel Edward  . WAS DECEASED EVER IN U. S. ARMET	FORCES?   16. SOCIAL	Langley, Margaret May		
(Y	s, no or unknown) (If yes, give war or date	s of service) SECURITY NO.	17. INFORMANT	ADD	RESS
-					INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	(This does not mean the mode of dying, e.g., (A) Atelectasis				W0707000000000000000000000000000000000
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Prematurity				
TA	RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	ST.			
RTIFICATION	(C)				
F	OTHER SIGNIFICANT CONDITIONS CON-				
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
11.		98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
DICAL	ALCOURTH WAS HARDE	Late Diagnos as in the	Late wises non (III	6 in Dalaine City	YES NO X
MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	n or 21c. WHERE DID (Heater) INJURY OCCUR?	f in Baltimore City, give	exact location)
1	21D. TIME (Month) (Day) (Year) OF iNJURY			OCCUR?	
	m. WHILE AT NOT WHILE NOT WHILE				
	22. I hereby certify that I attended the deceased from 8/28/ , 1953, to 8/28 , 1953, that I last				
	deceased alive on 8/28. , 1953, and that death occurred at 10:25 m., from the causes and on the d				
	23A, SIGNATURE	Beld	1400 N. Caroline		8/28/53
2	AA. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)				
1	Bureal & Sept	law Rd B	els. ms		
	ATE RECEIVED BY REGISTRAR	S SIGNATURE	. 25. EUNERAL DIRECTOR	A	DDRESS
15	icabe 530	SHarford			
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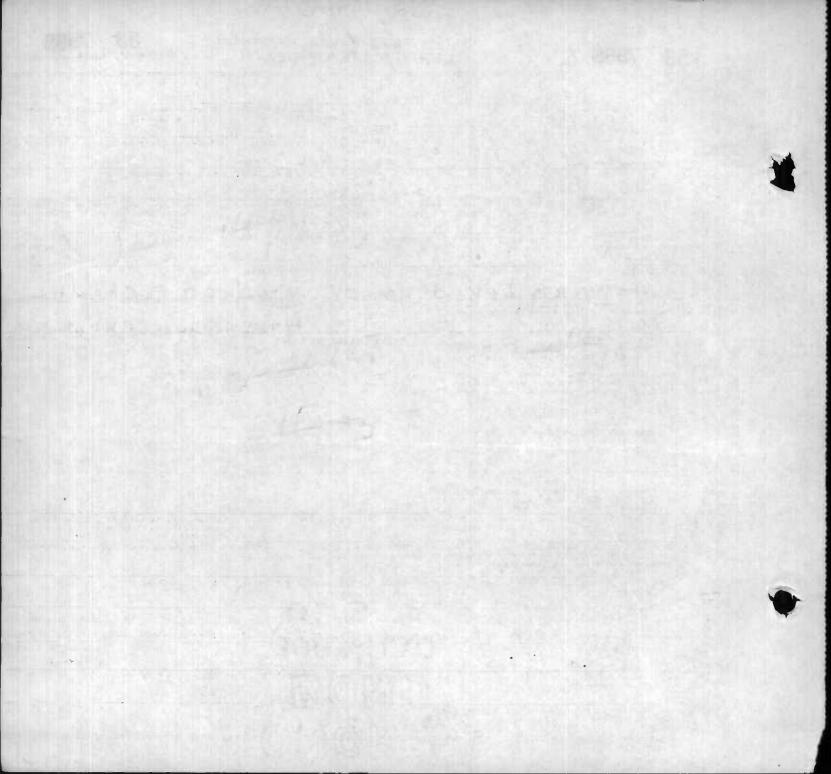


	V	V-452		
The		3 798753-20682 CERTIFICAT	E OF DEATH  Registered No.	7987
	1.	NAME OF DECEASED Baby Boy Williams	2. DATE OF DEATH AUG	. 19. 1953
ilddn	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. USUAL RESIDENCE (Where deceased lived If Indian A. STATE B. COUNTY B. COUNTY Baltimo	before admission
IDING information should be carefully supplied. of death clearly and legibly.	H	OSPITAL OR University Hospital (Ocation)	C. CITY OR TOWN (If outside corporate limits, w	
	C.	Length of stay in Baltimore 5 Yrs.  Only Days	5.0 N. Brice St	
		male Negro Single (Specify)	Aug. 14 1953 9. AGE (In years last birthday) Month	B Days Hours Min.
	1C wor	OA. USUAL OCCUPATION (Give kind of Lobert Mind of L	11. BIRTHPLACE (State or foreign country) 12  May and	CITIZEN OF WHAT COUNTRY
	13	Vernon Moore	14. MOTHER'S MAIDEN NAME Annie Wilkams	
BINDING of inform uses of dea	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  (If yes, give war or dates of service)  SECURITY NO.	17. INFORMANT Mother 510 N Brid	
FOR y item the cau		DISEASE OR CONDITION DIRECTLY	ematurity	INTERVAL BETWEEN ONSET AND DEATH
RESERVED INK. Ever please write	Z	ANTECEDENT CAUSES		
	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.  (C)		
MARGIN UNFADING Physicians:	CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
1-1	AL C	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OF WAS PERFORMED	PERATION IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
	MEDIC	21a. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY ( OR CONTRIBUTING   CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	e. g., in or 21c. WHERE DID (If in Baltimore City, giv bldg., etc.) INJURY OCCUR?	e exact location)
AINL ally in		21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK AT WORK	LE	
PLEASE WRITE PLAINLY, correct age is especially impo			red at 1:25A.m., from the causes and on the	hat I last saw the date stated above
WRI ge is	2	23A. SIGNATURE A. Smith M. D. 24B. DATE 24C. NAME OF CEMETE	University Hospital	8/21/53 county) (State)
EASE rect a	TI	ON, REMOVAL (Specify) UNVERSI	TY MEDICAL SCHOOL AUG, 28-1958	
PL		ATE RECEIVED BY REGISTRAR'S SIGNATURE	9 0 7	press

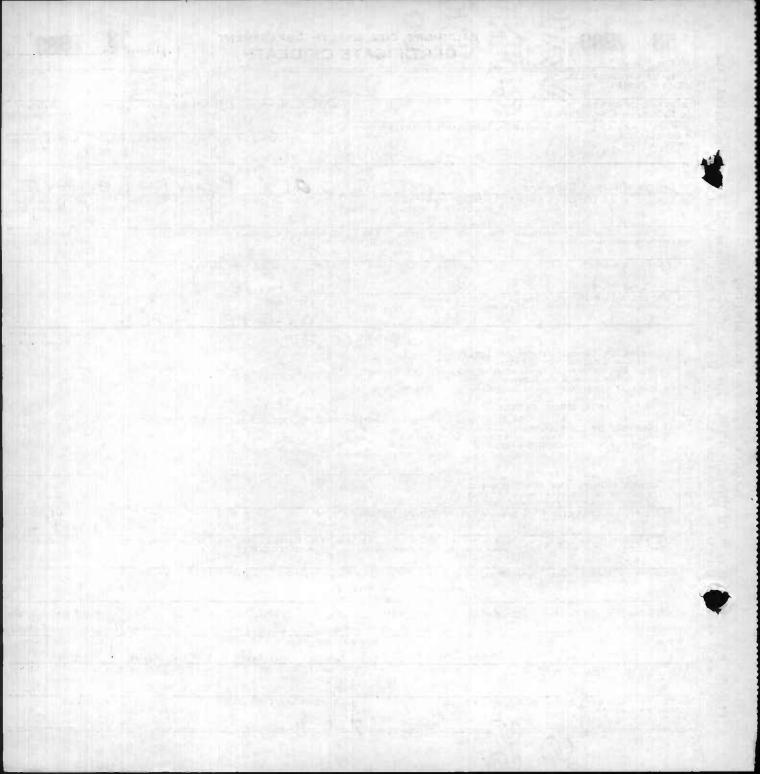
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The	-a 17600 /	HEALTH DEPARTMENT 53 7988 TE OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) BABY BOY BRUMLEY	2. DATE OF DEATH 8/20/53
illy supplied.	3. PLACE OF DEATH:  A. Baltimore City, Maryland  B. FULL NAME OF (If not in hospital or institution, give street address location)  HOSPITAL OR location	on) c. CITY OR TOWN (If outside corporate limits, write RURAL and give
carefully egibly.	University Hospilal	
R BINDING om of information should be causes of death clearly and l	c. Length of stay in Baltimore Day  5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Spec	8. DATE OF BIRTH   9. AGE (In years)   If Under   If Under 24 Hours
	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUST	8/20/53 5 hours 5 8
	13. FATHER'S NAME  HOWARD LEE BRIDGE	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, 100 or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS HOWARD L. BRUMLEY
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
100	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	Throblastoris foetalis 5 hours.
RESER INK.	ANTECEDENT CAUSES  Z O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)	remeteraty 5 hours
MARGIN I UNFADING Physicians: 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	-
H	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH WAS PERFORMED	CAUSE OF DEATH, ENTER IN YES NO NO
0	O OR CONTRIBUTING CAUSE OF about home, farm, factory, street, of DEATH (NOTIFY MEDICAL EXAMINER)	(e.g., in or lice bldg., etc.)  21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
PLAINLY, ecially impo	21D TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCUP OF INJURY m. WHILE AT NOT WORK AT W	
TE	22. I hereby certify that I attended the deceased from deceased alive on 8/20, 1953, and that death occased alive on 23A. SYGNATURE	THILE CHILD
SE WRI	Georgia Reynolds M.D.	University Hospital 8/20/53 TERY OR CREMATORY 24D. ADCATION (City, town, or downty) (State)
PLEASE W	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	TY MEDIAL SHOW AUG. 28. 1953  25. FUNERAL DIRECTOR  ADDRESS
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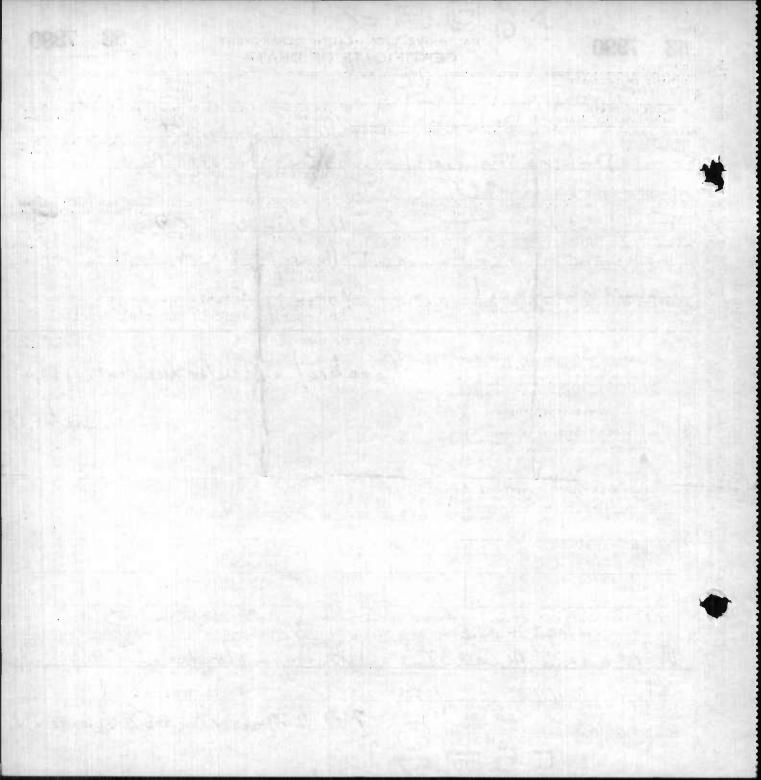
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	53 7989 BALTIMOF	RE CITY HE	ALTH DEPARTMENT	53	7990			
<sub>B</sub>	IRTH NO. 53-19230 CER	TIFICATE	OF DEATH	Registered No.	1000			
-	NAME OF DECEASED			2. DATE				
C	Type or Print) Neta Leturne	~ Ro	20	OF DEATH &- 1	9-52			
	PLACE OF DEATH:		4. USUAL RESIDENCE (WEA, STATE	ere deceased lived. If ins				
<b>■</b> 2	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give	street address or	Maryland	B. COUNTY	before admission)			
H	OSPITAL OR	location)		utside corporate limits, w				
6	University Hos	DITAL	BALTIMORG	20-	township)			
-	0	Yrs. Mos.	1	iral, give location)				
	Length of stay in Baltimore	/2 Days		INROSE				
]	6. COLOR OR RACE 7. SINGLE, MARR WIDOWED, DIV	IED. ORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years # Und last birthday) Month	et l Year   H Under 24 Hours			
	emale C Infant		8-17-53		1/2			
WOI	A. USUAL OCCUPATION (Give kiod of lob. KIND OF BU k doceduring most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)   12	. CITIZEN OF WHAT COUNTRY?			
			Maryland					
1:	3. FATHER'S NAME	the state of	14. MOTHER'S MAIDEN NA	ME	8-1-1-11			
-	Wille Ross		JULIA	1				
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO a, oo or ookoowo) (If yes, give wer or dates of service) SE	CURITY NO.	17. INFORMANT	ADD	RESS			
_			WILLE	ROSS				
	18. 762.0	CAUSE C	F DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY		1 1					
	(This does not mean the mode of dying, e.g.,	A) Cer	ebral as	orla	***************************************			
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
Z		B) ap	sea Neor	atom				
<u> </u>		E TO			7.12.6			
U	UNDERLYING CONDITION LAST.							
트		c)		***************************************				
ERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON-							
ပ	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT							
Ļ	19a. DATE OF OPERATION 19B. MAJOR FINDIN	IGS OF OPERA	ATION		20. AUTOPSY?			
CA	21A. ACCIDENT, SUICIDE, 21B. PLACE OF	NJURY (e.g. in	or   21c. WHERE DID (If	in Baltimore City, give	YES NO NO			
EDIC	HOMICIDE (Specify) about home, ferm, fector		c.) INJURY OCCUR?	20.01.01.01.01.01.01.01.01.01.01.01.01.01	cauce location)			
Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURRED   21F. HOW DID INJURY OCCUR?							
	OF INJURY WHILE AT	NOT WHILE	ר	0000.11				
	m.   WORK   AT WORK							
	22. I hereby certify that I attended the decease							
	deceased alive on \$ 1953, and the		red at / / Pm., from the		date stated above.			
	Virginia ) tuntu	M. D.	Usa a dage to A	tosnitul.	£-20-53			
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAI		Y OR CREMATORY   246. LO	CATION (City, town, or				
TI	UN, REMOVAL (SPEELLY)	<b>ENIVERSITY</b>	MEDICAL SCHOOL AUG, 28	5.1953				
	ATE RECEIVED BY   REGISTRAR'S SIGNATURE	4 1	25. FUNERAL DIRECTOR		DDRESS			
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	NAME OF DECEASEO  ype or Print)  NVC. Jenne	Calten		OF DEATH	153
Α.	Baltimore City, Maryland	timore	4. USUAL RESIDENCE		nstitution: residence before admission)
H	FULL NAME OF (If not in hospital or instit	ution, give street address location		If outside corporate limits,	write IMTRAL and give
IN	Jenkins Men	1	13.11	- Wa./	/- O pwnship)
4	Jenkins Men	Morial	D. STREET ADDRESS (1	f rural, give location)	701
C.	Length of stay in Baltimore	Mo Da:			
5.	SEX 6. COLOR OR RACE 7. SING	LE. MARRIED. OWED DIVORCED (Spec	1 8 DATE OF BIRTH		Under 1 Year   K Under 24 Hours
	FU	WEB SI VORGED (SIA	11/3/1470	89	the Days Hours Min.
	A. USUAL OCCUPATION (Give kiedef 10B. KIN	ND OF BUSINESS OR	11/BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Laborer Per	tau van I	- llew Jork	Cita	
13	. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	Laurenceshell		Lucista		
(Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? , oo or uoknowo) (If yes, give war or dates of service)	16, SOCIAL SECURITY NO	17. INFORMANT		DRESS
			Sr Rosaria Jeni	cins Memorial	Hospital
	18. 331X	CAUS	E OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTL	Y ^	1 11/	1 11 1	10
	(This does not mean the mode of dying, e heart failure, asthenia, etc. It means the disc	E. g., (A) (R.	ebral Vascu	la Heciden	17 Sept 1,53
	injury or complication which caused dea				0
	ANTECEDENT CAUSES				11 +
NO	DISEASES OR CONDITIONS, IF ANY, GIV	(B)		***************************************	Sept 4, J3
E	RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	THE DUE TO			· ·
RTIFICATION					
TIF	II				
ш	OTHER SIGNIFICANT CONDITIONS C TRIBUTING TO THE DEATH, BUT NOT RELA	TED			
U	19A. OATE OF OPERATION 19B. MAJO	R FINDINGS OF OF	FRATION		20. AUTOPSY?
EDICAL	0				YES NO
210	21A. ACCIOENT, SUICIDE. 21B. P HOMICIOE (Specify) about hom	LACE OF INJURY (e. je, farm, factory, street, office blo	Ig., io or 21c. WHERE DID	(If in Baltimore City, gi	ive exact location)
ME	HOWITCIDE (Specify)	c, rarm, ractory, street, omes or	INJURY OCCURY		
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCU	RRED 21F. HOW DID INJUR	RY OCCUR?	
	m.	WHILE AT NOT WH AT WORK			
	22. I hereby certify that I attended th	e deceased from	uly 1, 12 310	Sept 4 194	Sthat I last saw the
		3 and that death oc		the causes and on th	
	PRASIGNATURE -	1111	234 AOOAESS	171	23C DATE SIGNED
-	AA. BURIAL, CREMA-1 24B. DATE	delan M. D.	XI. ASMS AL	spilal !	9/4/4
TI	ON, REMOVAL (Specify)			LOCATION (City, town,	or founty (State)
-	Burial 9/7/53 ATE RECEIVED BY   REGISTRAR'S SIGNAL	New Cathedra	Bal   Bal	timore, Md.	AODRESS 0
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	SEP 6-1054 Hundington	T VALABLE !	10.00 / Mears 4	7xxxx 807 //. (	Samoral XIL
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BALTIMORE CITY HEALTH DEPARTMENT

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	Y, WITH UNFADING INK. Every item of information should be carefully supplied. The portant. Physicians: please write the causes of death clearly and legibly.	
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	K. Eve	
2	IG INF:	
	Y, WITH UNFADING INK. Every item of information should be careful portant. Physicians: please write the causes of death clearly and legibly.	
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 2. DATE 1. NAME OF DECEASED (Type or Print) OF JOSE AMOR Sept. 2, 1953 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence before admission) A. STATE B. COUNTY A. Baltimore City, Maryland Pa. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR US Public Health Service location) institution C. CITY OR TOWN Philadelphia D. STREET ADDRESS (If rural, give location) Yrs. Mos. 615 S. second street Days 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 12/6/92 Single

(If outside corporate limits, write RURAL and give Wyman Pk. Drive & 31st Street c. Length of stay in Baltimore 9. AGE (In years | H Under I Year last birthday) | Months Days | Hours Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Spain Seafarer Fireman-watertender USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Antone Amor Juanita 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 086-12-1599 (Yes, no or unknown) (If yes, give war or dates of service) Records- US PHS Hospital, Balto. Md. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CATIO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN PART I OR PART II 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE OF INJURY (e. g., in or 21C. WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF shout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK AT WORK 1953 that I last saw the May 26 Sept. 2 22. I hereby certify that I attended the deceased from deceased alive on Sept. 2, 1953, and that death , and that death occurred at 4:35P m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED

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PHS Hospital, Balto, Md. NAME OF CEMETERY OR CREMATORY 240 LOCATION (City, town, p

ADDRESS

25\_FUNERAL DIRECTOR

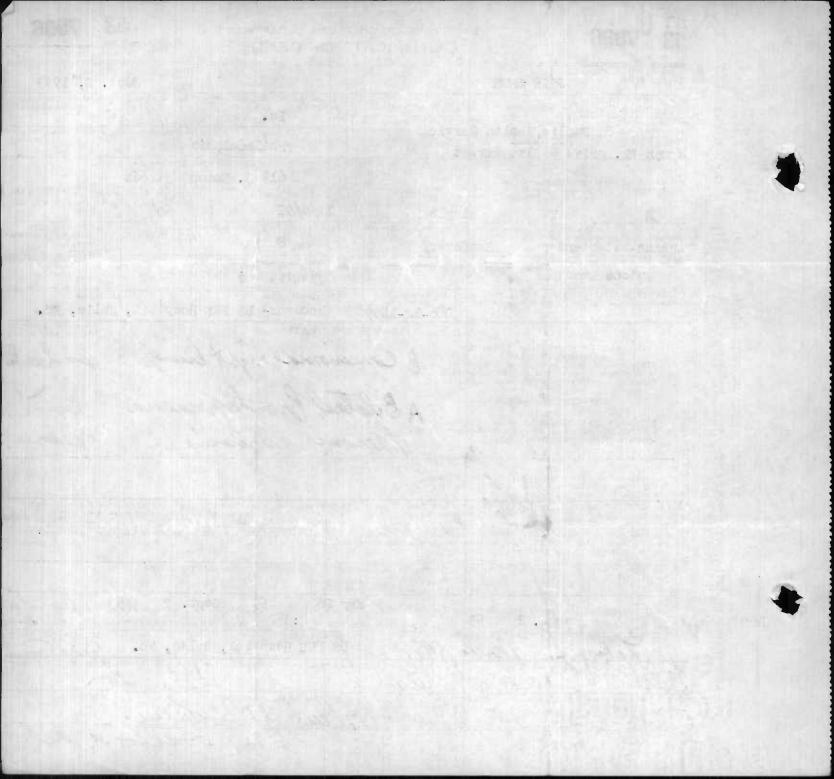
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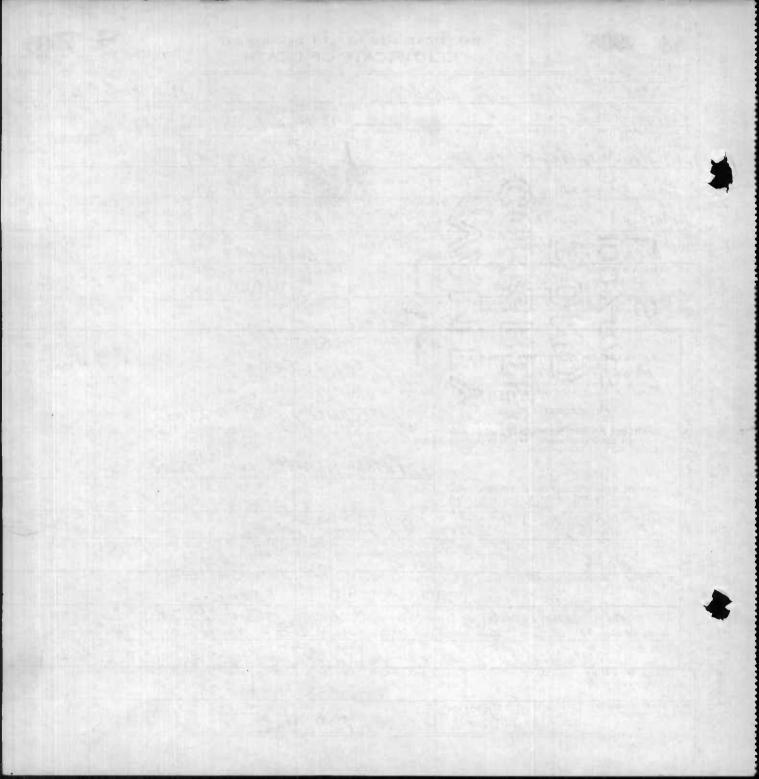
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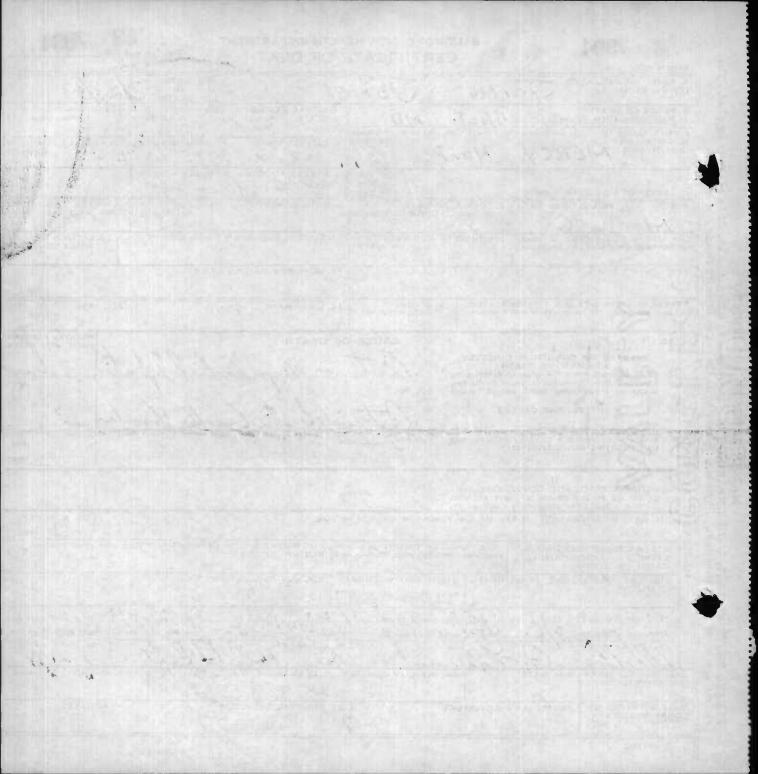
Registered No B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. 12. CITIZEN OF WHAT COUNTRY ADDRESS NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 195 Sthat I last saw the m., from the causes and on the date stated above. 23c, DATE SIGNED 240. LOGATION (City, town, or county) (State) ADDRESS



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BALTIMORE CITY HEALTH DEPARTMENT 1. NAME OF DECEASED (Type or Print) 2. DATE William supplied. DEATH / LUG 4. USUAL RESIDENCE (Where deceased lived, 4 institution; residence 3. PLACE OF DEATH: A. STATE COUNTY A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) e carefully legibly. C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ¥13. (if rural, give location) Mes. Edmondson c. Length of stay in Baltimore Days 9. AGE (In years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) plnods Single clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY lano information s of death cle Intant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or detes of service) SECURITY NO. athe causes NO of 18. CAUSE OF DEATH item 6 DISEASE OR CONDITION DIRECTLY Every ite atelectasis LEADING TO DEATH (This does not mean the mode of dying, e.g., MARGIN RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. CERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) .. H OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WITH WAS PERFORMED important. PART I OR PART II 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDERLYING [] EDI OR CONTRIBUTING | CAUSE OF about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? DEATH (NOTIFY MEDICAL EXAMINER) PLAINLY. 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WORK AT WORK 22. I hereby certify that I attended the deceased from Cluq RITE deceased alive on aug 24, 19 53 and that death occurred at 11:45 hi, from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS Is 1 age 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE

REGISTRAR'S SIGNATURE

PLEASE

ADDRESS INTERVAL BETWEEN ONSET AND DEATH IF OPERATION WAS RELATED TO 20. AUTOPSY CAUSE OF DEATH, ENTER IN 21c. WHERE DID (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 1953 to aug 24, 1953 that I last saw the 23c. DATE SIGNED 240. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS

before admission)

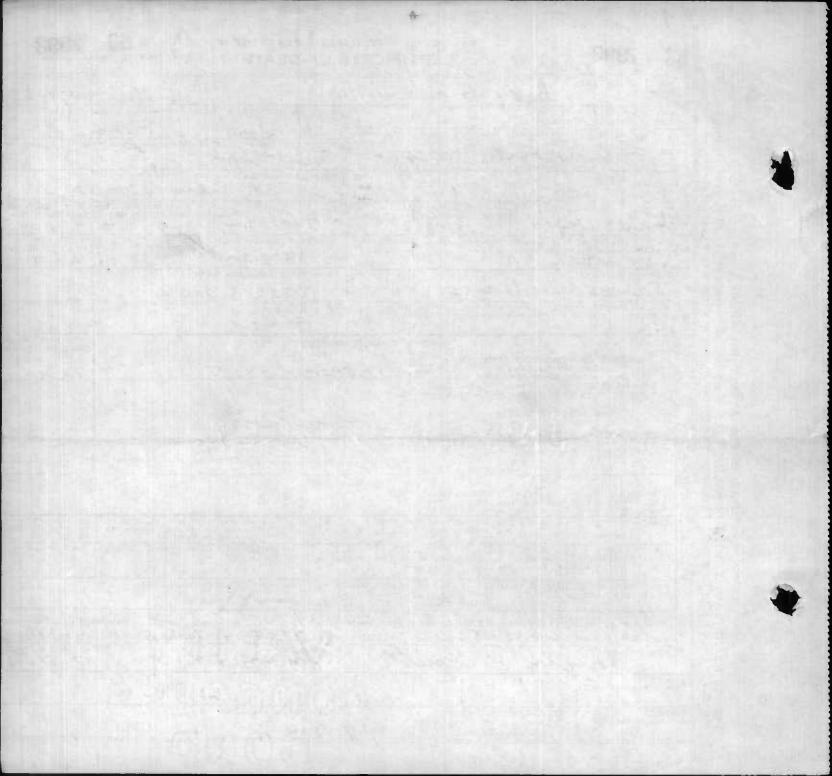
12. CITIZEN OF

WHAT COUNTRY?

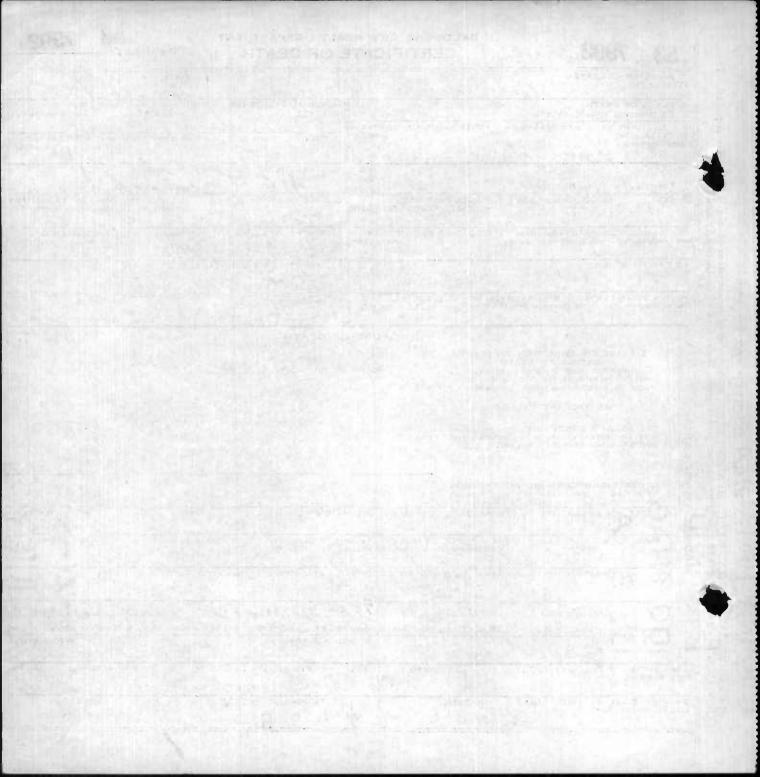
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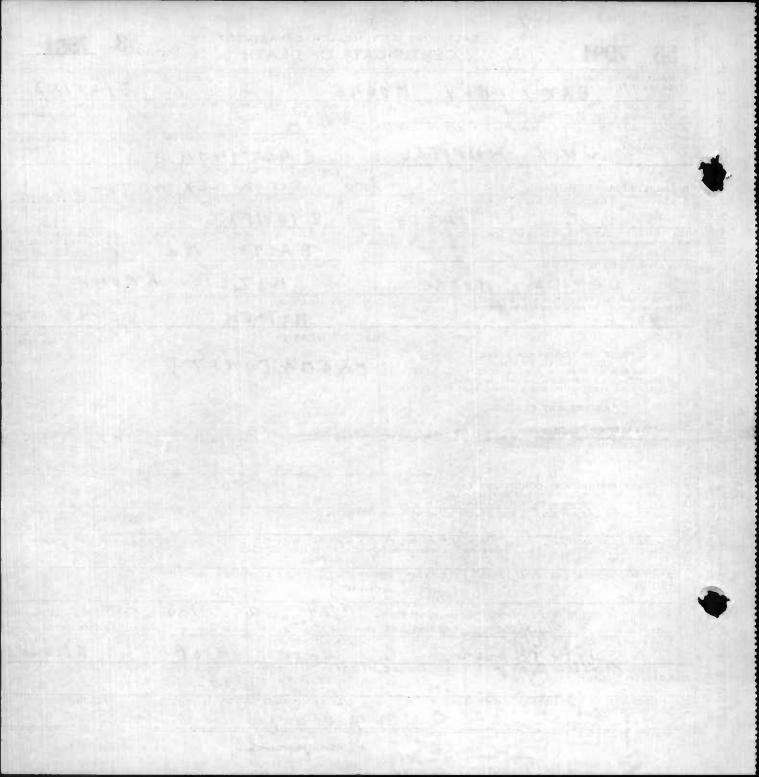
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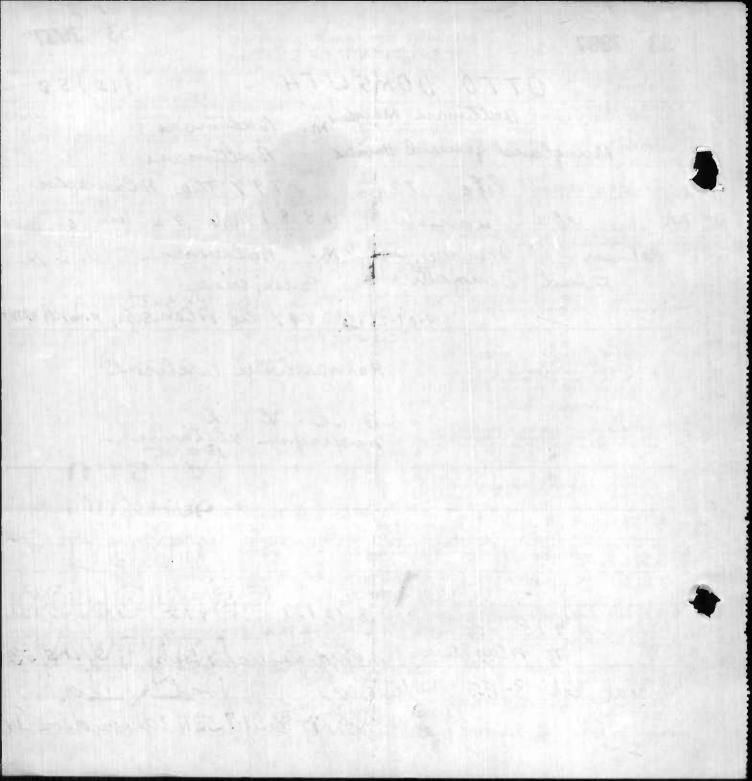


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	ВІ		E OF DEATH Registered No.	7992				
1		NAME OF DECEASED Mary Selina A	Jarmon .   2. DATE OF DEATH 8/22	15-3				
1		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution; residence before admission)				
1	В.	FULL NAME OF (If not in hospital or institution, give street address or		before aumination)				
1		OSPITAL OR location	c. CITY OR TOWN (If outside corporate limits, w					
	3	of University	Baltimore 17.	-01 township)				
	-	Yrs.	D. STREET ADDRESS (If rural, give location)	6				
1	c.	Length of stay in Baltimore 2 his Mos. Days	1 418 mener di	<i>t</i> .				
	5,	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify		of 1 Year H Under 24 Hours Days Hours Min.				
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?				
	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	03/1				
	15	Edward Vinam Harmon	Bettie Mac Jamiso	w				
	(Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES?  In no or nak nown) (If yes, give war or dates of service)   16. SOCIAL   SECURITY NO.	17. INFORMANT ADD	RESS				
		NO	mother 418 W	icen St				
		18. 776 X CAUSE	OF DEATH	INTERVAL BETWEEN				
	DISEASE OR CONDITION DIRECTLY							
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUSES						
	TION							
2	<	UNDERLYING CONDITION LAST.						
	RTIFIC	(C)						
	F	OTHER SIGNIFICANT CONDITIONS CON-						
	CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUPOPSY?				
	A			YES NO				
	EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify)  21B. PLACE OF INJURY (e.g., about home, farm, factory, atreet, office bldg.		exact location)				
	Σ	21D. TIME (Month) (Day) (Year) (Hour)   21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?					
		OF INJURY  WHILE AT NOT WHILE  M. WORK AT WORK		,				
4		22. I hereby certify that I attended the deceased from	Am 8/22-10, 3 to 7 Em 8/22-10, 53 t	hat I last seem the				
4			rred at 13 m., from the eauses and on the					
				3c. DATE SIGNED				
		stephen (. Cromwell M.D.	University Hospital	8/22/53				
		IA. BURIAL. CREMA- ON, REMOVAL (Specify)	ERY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)				
		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR . AI	DDRESS				
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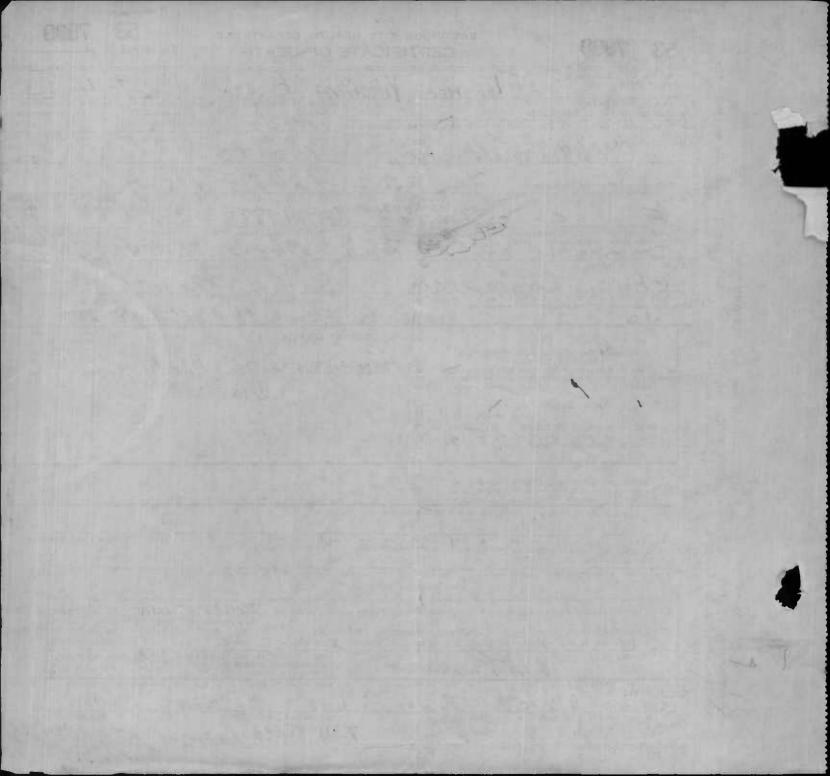




9 1	pe or Print)	MRS. LOI	S JONES		2. DATE OF DEATH 9-	-5-53	
	PLACE OF DE		YES	4. USUAL RESIDENCE	(Where deceased lived, I: B. COUNTY	f institution : resi before a	idence dmissio
В. Г	TULL NAME		i or institution, give street address o		TIMILE .		
	SPITAL OR STITUTION			C, CITT OR TOWN	(If outside corporate limi		and gi
4	<u> </u>	ST. A GNE	S HOSPITAL Yrs.	D. STREET ADDRESS			
	Length of st	ay in Baltimore	Mos. Days	S. T.L. T.		200	
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year   If Under 1 Year   Hou	ider 24 Hos
I	7	W	WIDOWED, DIVORCED (Specify  MARRIED	4-26 -1919	34 YEAR	: 1	
		CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	Missouri		12. CITIZEN WHAT CO	
13.	FATHER'S N			14. MOTHER'S MAIDEN			
4 = 1		ERO MCKENZ			LLIE Grad		
(Y 04		D EVER IN U. S. ARMED (1f yes, give war or dates		17. INFORMANT Leon Jones, Ell		ADDRESS	
	(This does heart failur injury or	E OR CONDITION E LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which ca ANTECEDENT CAUSI	dying, e. g., (A)st the disease, aused death.)	pulsopare	ore <u> </u>	3 m	[0
RTIFICATION	RISE TO THE UNDERLY	OR CONDITIONS, IF	STATING THE DUE TO ST. (C)	puzhopah	conic		
CATI	OTHER SIG	HE ABOVE CAUSE (A) ING CONDITION LAS  II  NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING	CONTRIBUTING  LELATED TO THE  LIT.	puzhopah	CONC C	TO J 20 AUTO	
CERTIFICATI	OTHER SIG	HE ABOVE CAUSE (A) ING CONDITION LAS  II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING F OPERATION   15	CONTRIBUTING	CAUSI	PERATION WAS RELATED E OF DEATH . ENTER		PSY7
ERTIFICATI	OTHER SIGNOTHER	HE ABOVE CAUSE (A) ING CONDITION LAS  II NIFICANT CONDITIONS DEATH BUT NOT R R CONDITION CAUSING F OPERATION   15	CONTRIBUTING ELATED TO THE IT.  B. CONDITION FOR WHICH CAS PERFORMED  NG 218. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or 21C. WHERE D	OF DEATH. ENTER OR PART II  ID (If in Baltimore City	IN YES	NO [
DICAL CERTIFICATI	OTHER SIGNOTHER	II NIFICANT CONDITION LAS DEATH BUT NOT RECONDITION CAUSING OPERATION IS W	CONTRIBUTING ELATED TO THE IT.  BB. CONDITION FOR WHICH CAS PERFORMED  218. PLACE OF INJURY about home, farm, factory, street, office	(e. g., in or 21c. WHERE D INJURY OCCUI	OF DEATH. ENTER OR PART II  ID (If in Baltimore City	IN YES	NO [
DICAL CERTIFICATI	OTHER SIGNOTION TO THE DISEASE OF TO THE DISEASE OF THE OR CONTRIBUTE OF THE OF	II  NIFICANT CONDITION LAS  DEATH BUT NOT R R CONDITION CAUSING F OPERATION  NT WAS UNDERLY!!  UTING CAUSE OF IFY MEDICAL EXAMINER  Month) (Day) (Year)	CONTRIBUTING ELLATED TO THE SE. CONDITION FOR WHICH COMES PERFORMED  NG 218. PLACE OF INJURY about home, farm, factory, street, office while at work work at wo ended the deceased from	(e. g., in or considered to color of the col	of DEATH. ENTER 1 OR PART II ID (If in Baltimore City R? INJURY OCCUR?	y, give exact locations, that I last the date state	saw
MEDICAL CERTIFICATI	OTHER SIG TO THE DISEASE O 19A. DATE O OR CONTRIE DEATH (NOT 21D. TIME (OF INJURY)	II  NIFICANT CONDITION LAS  DEATH BUT NOT R R CONDITION CAUSING F OPERATION IS  W  NT WAS UNDERLY!!  UTING CAUSE OF  IFY MEDICAL EXAMINER  Month) (Day) (Year) (  y certify that I attaive on IS	CONTRIBUTING ELATED TO THE IT.  BB. CONDITION FOR WHICH COMES PERFORMED  NG 218. PLACE OF INJURY about home, farm, factory, street, office with the comes of the	(e. g., in or 21c. WHERE D 1NJURY OCCUI	e OF DEATH. ENTER 1 OR PART II IID (If in Baltimore City R? INJURY OCCUR?	N VES No. give exact local part of the date state of the date stat	saw i
DICAL CERTIFICATI	OTHER SIG TO THE DISEASE O 19A. DATE O OR CONTRIE DEATH (NOT 21D. TIME (	II NIFICANT CONDITION LAS DEATH BUT NOT R CONDITION CAUSING F OPERATION IS W	CONTRIBUTING ELATED TO THE IT.  BB. CONDITION FOR WHICH CAS PERFORMED  OUT TO THE CAS PERFORMED	(e. g., in or 21c. WHERE D cebldg.,etc.)  RED 21f. HOW DID	e OF DEATH. ENTER 1 OR PART II ID (If in Baltimore City R?	IN YES	

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MANGEN RESERVED FOR DINGE	PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied.	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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	53 8000	BALTIMORE CITY HE			3, 8000			
8	IRTH NO.	CERTIFICATI	L OF DEAT					
1.	NAME OF DECEASED Type or Print)	HBRAMSON		2. DATE OF DEATH	1/5/53			
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital	or institution give street address on	4. USUAL RESID	DENCE (Where deceased lived B. COUNTY				
H	OSPITAL OR STITUTION	BALTA TAIC	c. CITY OR TOW	N (If outside corporate II	mits, write RURAL and give township)			
1	Length of stay in Baltimore	Yrs. Mos.	D. STREET ADDR	ESS (If rural, give location)	1/200			
- Continue		Days  7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)  MAKRIED	8. DATE OF BIRT	H 9. AGE (In years				
7	dione during most of working life went (retires)	OB. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign country)	12. CITIZEN OF			
	hoal abrama	eon	14. MOTHER'S M	alden Name				
(Ye	5. WAS DECEASED EVER IN U.S. ARMED 1996, no or maknown) (If yee, give war or dates o	forces? 16. SOCIAL SECURITY NO.	17. INFORMANT	branson-247	Shirly One			
	18. 420.0	CAUSE	OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION DE	RECTLY		ENTHIA	211 4.			
	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
	injury or complication which caused death.) DUE TO							
-	ANTECEDENT CAUSES arterior clerotie heart desease							
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO							
AT	UNDERLYING CONDITION LAST	r.	***************************************					
10		(0)			**************************************			
RTIFICATION	OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING /		2				
CEF	TO THE DEATH BUT NOT RE	LATED TO THE EUICE	5141A 1	NEUMONIA				
AL	19A. DATE OF OPERATION   198	3. CONDITION FOR WHICH OF S PERFORMED	PERATION	IF OPERATION WAS RELATE CAUSE OF DEATH, ENTER PART I OR PART II				
MEDIC	21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)	about home, farm, factory, street, office		RE DID (If in Baitimore C OCCUR?	ity, give exact location)			
2	21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  OF INJURY  m. WHILE AT WORK AT WORK							
	22. I hereby certify that I atter			3, to 4/5, 19	Sthat I last saw the			
	deceased alive on 7/3,	1953, and that death occur	rred at 734 m	., from the causes and o	n the date stated above.			
	Stanley B.	Yould M.D. 2	3B. ADDRESS	Hapital	9/5-/53			
7	4A. BURIAL. CREMA-124B. DATE ON, REMOVAL (Specify) 9 6 5	3 Crishe 2	lena	Bacumae,	md. (State)			
	ATE RECEIVED BY COLL REGISTRAR'S	SIGNATURE	29. FUNERAL DI	an 1 Bus - 11	ADDRESS 24-26 W'			
	Vs 150	-		/	Vorth Voluce			

